

Highly Confidential - Subject to Further Confidentiality Review

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IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

- - -

IN RE: NATIONAL	: HON. DAN A.
	: POLSTER
PRESCRIPTION OPIATE	:
LITIGATION	:
	:
APPLIES TO ALL CASES	: NO.
	: 1:17-MD-2804

- HIGHLY CONFIDENTIAL -  
SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

- - -

JANUARY 23, 2019

- - -

VOLUME II

Videotaped sworn continued  
deposition of BRIAN LORTIE, taken  
pursuant to notice, was held at McCARTER  
& ENGLISH, LLP, 1600 Market Street,  
Suite 3900, Philadelphia, Pennsylvania,  
beginning at 2:36 p.m., on the above  
date, before Margaret M. Reihl, a  
Registered Professional Reporter,  
Certified Shorthand Reporter, Certified  
Realtime Reporter, and Notary Public.

- - -

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deps@golkow.com

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1	EXHIBITS			1	EXHIBITS		
2	NO.	DESCRIPTION	PAGE	2	NO.	DESCRIPTION	PAGE
3	Endo-			3	Endo-		
4	Lortie-43	E-mail string, top one dated 2/17/16		4	Lortie-54	E-mail string, top one dated 1/23/19	
5		Subject, RE: FW: CDC Follow-Up [ENDO-OPIOID_MDL-04948416 through 8419]	481	5		Subject, Opiates: Endo 30b6 [no Bates]	582
6	Endo-			6	Endo-		
7	Lortie-44	E-mail dated 2/25/16		7	Lortie-55	E-mail dated 5/30/12	
8		Subject, Re: Government Affairs Update: Endo		8		Subject, Draft Rx Drug Abuse Deck for 6/5/12	
9		Victory on Amended PROMISE Act		9		with attached slide deck produced natively	
10		[ENDO-OPIOID_MDL-01211917 through 1918]	490	10		[ENDO-OPIOID_MDL-01941783 through 1784]	596
11	Endo-			11	Endo-		
12	Lortie-45	E-mail string, top one dated 3/16/16		11	Lortie-56	File Provided Natively slide deck of charts [EPI001932425]	606
13		Subject, RE: Opana ER - doses >30mg?		12	Endo-		
14		[ENDO-OPIOID MDL-01902659 through 2662]	494	13	Lortie-57	E-mail dated 11/25/14	
15	Endo-			14		Subject, NOVEMBER 2014.pptx with attached slide deck	
16	Lortie-46	E-mail string, top one dated 7/7/16		15		produced natively	
17		Subject, RE: Endo Government Affairs Update: CARA		16		[ENDO-OPIOID_MDL-01333143]	615
18		[ENDO-OPIOID MDL-01230052 through 0055]	508	17	Endo-		
19	Endo-			17	Lortie-58	E-mails dated 11/13/14	
20	Lortie-47	E-mail string, top one dated 2/12/16		18		Subject, FW: TN Opana ER	
21		Subject, Re: Guidelines		19		[ENDO-OPIOID_MDL-02667006 through 7007]	626
22		[ENDO-OPIOID MDL-01563548 through 3551]	516	20	Endo-		
23				20	Lortie-59	E-mail string, top one dated 11/13/14	
24				21		with attached slide deck produced natively	
				22		[ENDO-OPIOID_MDL-02667012]	630
				23			
				24			

  

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1	EXHIBITS			1	EXHIBITS		
2	NO.	DESCRIPTION	PAGE	2	NO.	DESCRIPTION	PAGE
3	Endo-			3	Endo-		
4	Lortie-48	E-mail string, top one dated 12/12/07		4	Lortie-60	E-mail string, top one dated 7/13/11	
5		Subject, RE: Woman dies of apparent Opana ER overdose in Paducah, KY		5		DEA meeting July 13, 2011 [END00027562 through 7563]	660
6		[ENDO-OPIOID MDL-0077 4063 through 4067]	532	6	Endo-		
7	Endo-			7	Lortie-61	RISKMAP UPDATE REPORT FOR OPANA ER	
8	Lortie-49	Attachment 16		8		1/1/09-3/31/09	
9		[ENDO-OR-CID-00694084 through 4087]	538	9		[EPI000119179 through 9206]	670
10	Endo-			10	Endo-		
11	Lortie-50	RiskMAP Update Report for Opana ER 5/22/08		10	Lortie-62	RISKMAP UPDATE REPORT FOR OPANA ER	
12		[ENDO-CHI_LIT-00032209 through 2237]	546	11		1/1/10-3/31/10	
13	Endo-			12		[ENDO-OR-CID-00681354 through 1377]	671
14	Lortie-51	Buc & Beardsley letter dated 3/2/09		13	Endo-		
15		[ENDO-OPIOID_MDL-01485661 through 5665]	558	14	Lortie-63	RISKMAP UPDATE REPORT FOR OPANA ER	
16	Endo-			15		1/1/11-3/31/11	
17	Lortie-52	Opana ER W-2 IVR vocal response listing for study number M508202		16		[END00308793 through 8831]	672
18		[Endo-CHI_LIT-00150080]	567	17	Endo-		
19	Endo-			17	Lortie-64	RISKMAP UPDATE REPORT FOR OPANA ER	
20	Lortie-53	E-mail dated 12/1/09		18		1/1/11-9/30/11	
21		Subject, 3305B1 Field Visit - 12/1/09		19		[EPI000015268 through 5298]	673
22		[ENDO-OPIOID_MDL-00992589 through 2591]	578	20	Endo-		
23				20	Lortie-65	RISKMAP UPDATE REPORT FOR OPANA ER	
24				21		10/1/11-12/31/11	
				22		[ENDO-OR-CID-01044118 through 4148]	675
				23			
				24		---	

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<p style="text-align: right;">Page 430</p> <p>1 THE VIDEOGRAPHER: Good</p> <p>2 afternoon. We are back on the record.</p> <p>3 Today's date is January 23rd, 2019, and</p> <p>4 the time is 2:36 p.m. This is the</p> <p>5 continuation of the deposition of Brian</p> <p>6 Lortie.</p> <p>7 Sir, I'm reminding you you're</p> <p>8 still under oath.</p> <p>9 THE WITNESS: Yes, thank you.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. Good afternoon, Mr. Lortie.</p> <p>12 Welcome back.</p> <p>13 A. Thank you.</p> <p>14 Q. As the videographer reminded you,</p> <p>15 you're still under oath, you realize that?</p> <p>16 A. I understand.</p> <p>17 Q. Terrific. Between the time we</p> <p>18 ended yesterday and today, did you do anything</p> <p>19 further to prepare for the deposition?</p> <p>20 A. I did not.</p> <p>21 Q. Did you meet with counsel?</p> <p>22 A. Only on our way from here to --</p> <p>23 as we were walking up, but nothing substantial.</p> <p>24 Q. And did you discuss your</p>	<p style="text-align: right;">Page 432</p> <p>1 off to do something that I'd wanted to</p> <p>2 do for a while. They had asked me to</p> <p>3 stay so that the business wouldn't be</p> <p>4 without a leader until they could have</p> <p>5 adequate time to search for, recruit and</p> <p>6 onboard a successor, and as a</p> <p>7 compensation for that, we came to an</p> <p>8 agreement for me to do that.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. You stayed on for a few months</p> <p>11 after you indicated that you intended to leave</p> <p>12 Endo, right?</p> <p>13 A. It was actually quite a while.</p> <p>14 Q. How long?</p> <p>15 A. My announcement to the public</p> <p>16 markets of my departure was, I believe, in early</p> <p>17 May of 2016. We had been in discussion, of</p> <p>18 course, for several months prior to that, and my</p> <p>19 last day of being compensated as an employee was</p> <p>20 the 30th of September, so it was the better part</p> <p>21 of -- three-quarters of the year.</p> <p>22 Q. So you were -- I mean, you were</p> <p>23 compensated for that time between when you made</p> <p>24 the announcement and when you actually left,</p>
<p style="text-align: right;">Page 431</p> <p>1 testimony with anyone other than counsel?</p> <p>2 A. No, I did not.</p> <p>3 Q. Okay. One of the things we</p> <p>4 looked at early in the deposition yesterday was</p> <p>5 your Severance Agreement --</p> <p>6 A. Yes.</p> <p>7 Q. -- with Endo. Do you remember</p> <p>8 that?</p> <p>9 A. I do.</p> <p>10 Q. And you had testified that you</p> <p>11 had told Endo that it was your intention to</p> <p>12 leave Endo to go on to other prospects, correct?</p> <p>13 A. Yes, we had had that conversation</p> <p>14 over the course of many months.</p> <p>15 Q. Okay. And so I think one of the</p> <p>16 things that we're trying to understand is so you</p> <p>17 said you were leaving Endo voluntarily, and yet</p> <p>18 Endo paid you two years' worth of salary and</p> <p>19 bonus.</p> <p>20 Why did you get any severance</p> <p>21 from Endo if you're the one who chose to leave?</p> <p>22 MR. LIMBACHER: Object to form.</p> <p>23 THE WITNESS: I was -- I had</p> <p>24 indicated my intention to leave and go</p>	<p style="text-align: right;">Page 433</p> <p>1 right?</p> <p>2 A. Yes.</p> <p>3 Q. So why did Endo pay you two</p> <p>4 years' worth of salary for staying on and being</p> <p>5 paid for a few months after you had indicated</p> <p>6 you wanted to leave?</p> <p>7 MR. LIMBACHER: Object to form</p> <p>8 and foundation, asked and answered.</p> <p>9 THE WITNESS: Yeah, I think I</p> <p>10 answered that. It was important to them</p> <p>11 to not have a period of time without</p> <p>12 somebody leading one of their</p> <p>13 businesses. So I agreed to stay, as</p> <p>14 opposed to leaving when I had originally</p> <p>15 raised my hand and said it's time for me</p> <p>16 to go off and do my next project, I had</p> <p>17 to delay and put off some things that I</p> <p>18 was doing, and I deserved to be</p> <p>19 compensated for that.</p> <p>20 BY MS. SCULLION:</p> <p>21 Q. Had -- at the time that you</p> <p>22 entered into the Severance Agreement, had you</p> <p>23 raised any disputes with Endo with respect to</p> <p>24 your employment?</p>

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<p style="text-align: right;">Page 434</p> <p>1 A. No, I had not.</p> <p>2 Q. There's no pending dispute</p> <p>3 between you and Endo?</p> <p>4 MR. LIMBACHER: Object to form.</p> <p>5 THE WITNESS: That's correct.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. Okay. Was there any pending</p> <p>8 dispute between you and Endo about anything, for</p> <p>9 example, intellectual property, any disputes at</p> <p>10 all?</p> <p>11 MR. LIMBACHER: Object to form.</p> <p>12 THE WITNESS: No, not during the</p> <p>13 entirety of my time there.</p> <p>14 BY MS. SCULLION:</p> <p>15 Q. Okay. Let's go back into your</p> <p>16 corporate capacity.</p> <p>17 We discussed yesterday that from</p> <p>18 time to time, Endo did receive information from</p> <p>19 IMS or Wolters Kluwer concerning levels of Opana</p> <p>20 ER prescriptions, correct?</p> <p>21 A. I'm sorry, could you just ask</p> <p>22 that again?</p> <p>23 Q. Sure. From time to time Endo</p> <p>24 received information from various sources about</p>	<p style="text-align: right;">Page 436</p> <p>1 anything that was raised as being</p> <p>2 potentially anomalous. I wasn't -- I</p> <p>3 didn't sit on that committee, but there</p> <p>4 were commercial representatives as well</p> <p>5 as representatives from medical, legal,</p> <p>6 regulatory and compliance.</p> <p>7 So to the extent that they had</p> <p>8 exposure to prescription patterns, I</p> <p>9 would be surprised if they didn't use</p> <p>10 that information for the purposes that</p> <p>11 you point out, but I personally wasn't</p> <p>12 part of that.</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. So, again, I'm asking you this as</p> <p>15 the corporate representative, were there</p> <p>16 policies or procedures in place under which the</p> <p>17 risk management team was charged specifically</p> <p>18 with investigating -- you used the word</p> <p>19 anomalous -- anomalous prescribing with respect</p> <p>20 to Opana ER?</p> <p>21 MR. LIMBACHER: Object to form.</p> <p>22 THE WITNESS: Well, again, I've</p> <p>23 answered that to the best I could. I</p> <p>24 know that they were exposed, that one of</p>
<p style="text-align: right;">Page 435</p> <p>1 levels of Opana ER prescriptions, correct?</p> <p>2 A. That's correct.</p> <p>3 Q. And that would include, for</p> <p>4 example, information from IMS, correct?</p> <p>5 A. Yes, IMS was one of the sources.</p> <p>6 Q. Wolters Kluwer was another</p> <p>7 source?</p> <p>8 A. Yes. I think it was IMS during</p> <p>9 most of the time that I was there, but I know</p> <p>10 that Wolters Kluwer was one of the other sources</p> <p>11 of that type of information.</p> <p>12 Q. Okay. And as part of its</p> <p>13 anti-diversion policies and procedures, did Endo</p> <p>14 have any procedures in place to actually go in</p> <p>15 and investigate whether the levels of Opana ER</p> <p>16 prescriptions reflected in the data that it was</p> <p>17 receiving actually reflected legitimate</p> <p>18 prescribing?</p> <p>19 MR. LIMBACHER: Object to form.</p> <p>20 THE WITNESS: What I can say to</p> <p>21 that is, to my recollection, the risk</p> <p>22 management committee met regularly and</p> <p>23 one of the inputs that they had was</p> <p>24 reviewing prescriptions, specifically</p>	<p style="text-align: right;">Page 437</p> <p>1 the charters of that group was, among</p> <p>2 other activities, to review</p> <p>3 prescriptions that came into the types</p> <p>4 of sources that you mentioned, and in</p> <p>5 the context of that committee, they were</p> <p>6 convened specifically for purposes of</p> <p>7 risk management looking for signs of</p> <p>8 abuse and diversion. The details of how</p> <p>9 that was reviewed and discussed and</p> <p>10 acted on probably was a case-by-case</p> <p>11 issue, so I don't have the specific</p> <p>12 details on that.</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. And in the course of looking at</p> <p>15 that data, do you know whether the risk</p> <p>16 management team investigated whether the data</p> <p>17 reflected legitimate prescribing?</p> <p>18 MR. LIMBACHER: Object to form.</p> <p>19 THE WITNESS: I don't know</p> <p>20 specifically, but I'm sure that is</p> <p>21 exactly what they were looking for, so,</p> <p>22 otherwise, there was no reason for the</p> <p>23 Risk Management Committee to have</p> <p>24 exposure to prescriptions. They weren't</p>

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<p style="text-align: right;">Page 438</p> <p>1 reviewing those prescriptions for</p> <p>2 purposes of sales incentive or physician</p> <p>3 targeting, for example. They were</p> <p>4 convened specifically for purposes of</p> <p>5 risk management.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. And what standards did the risk</p> <p>8 management team use to determine whether they</p> <p>9 were seeing anomalies?</p> <p>10 A. I don't know.</p> <p>11 Q. And what standard did the risk</p> <p>12 management team use to determine whether any</p> <p>13 prescriptions they were seeing represented</p> <p>14 legitimate prescribing?</p> <p>15 A. Also, I don't know the --</p> <p>16 MR. LIMBACHER: Object to form</p> <p>17 and object to the extent it falls</p> <p>18 outside the scope of the topics on which</p> <p>19 he's been designated.</p> <p>20 BY MS. SCULLION:</p> <p>21 Q. To be clear, I'm asking was there</p> <p>22 any actual policy that Endo had that the risk</p> <p>23 management team relied to determine whether the</p> <p>24 information it was seeing represented legitimate</p>	<p style="text-align: right;">Page 440</p> <p>1 -- as part of Endo's procedures -- sorry --</p> <p>2 anti-diversion procedures, was the risk</p> <p>3 management team making an assessment about</p> <p>4 whether prescriptions were medically necessary?</p> <p>5 MR. LIMBACHER: Same objections.</p> <p>6 THE WITNESS: Yeah, I think my</p> <p>7 answer is exactly the same. They were</p> <p>8 convened to look at prescriptions among</p> <p>9 the other inputs to the activities of</p> <p>10 that committee, for the sole purpose in</p> <p>11 that case of understanding whether those</p> <p>12 prescriptions were appropriate or</p> <p>13 unusual for any way.</p> <p>14 Beyond that, how they addressed</p> <p>15 those, I'm just -- I wasn't part of that</p> <p>16 team, so I can't give you any further</p> <p>17 detail.</p> <p>18 BY MS. SCULLION:</p> <p>19 Q. And I'm trying to understand when</p> <p>20 in the context of what you just said in trying</p> <p>21 to determine whether -- sorry -- whether the</p> <p>22 prescriptions were appropriate or unusual in any</p> <p>23 way, did that include an assessment of whether</p> <p>24 the prescriptions were medically necessary?</p>
<p style="text-align: right;">Page 439</p> <p>1 prescribing?</p> <p>2 MR. LIMBACHER: Same objections.</p> <p>3 THE WITNESS: Well, yes, I mean,</p> <p>4 I've tried to answer that. The team was</p> <p>5 convened for that specific purpose. So</p> <p>6 one of the activities, among many that</p> <p>7 they undertook on a regular basis, was</p> <p>8 looking at and reviewing prescriptions</p> <p>9 that came into the types and sources.</p> <p>10 The specific procedure and policy I</p> <p>11 wasn't part of and I didn't sit on that</p> <p>12 team, so I don't have any further</p> <p>13 detail.</p> <p>14 BY MS. SCULLION:</p> <p>15 Q. And you can't speak to that as</p> <p>16 the corporate representative today, correct?</p> <p>17 MR. LIMBACHER: Object to form</p> <p>18 and object to the extent it falls</p> <p>19 outside the scope of the topics on which</p> <p>20 he's been designated.</p> <p>21 THE WITNESS: I've answered it to</p> <p>22 the best of my ability.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Okay. And do you know whether in</p>	<p style="text-align: right;">Page 441</p> <p>1 MR. LIMBACHER: Same objections,</p> <p>2 asked and answered.</p> <p>3 THE WITNESS: Yeah, and I don't</p> <p>4 know any further detail than what I've</p> <p>5 testified in answering that question.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. Okay. So let's turn to topic</p> <p>8 number 39 for the corporate representative</p> <p>9 issues, and that is Endo's collaboration with</p> <p>10 other defendants.</p> <p>11 Did Endo collaborate with any</p> <p>12 other manufacturers with respect to issues of</p> <p>13 marketing, sales, distribution of opioid</p> <p>14 products?</p> <p>15 A. No.</p> <p>16 MS. SCULLION: Let's have Exhibit</p> <p>17 Number E1326.</p> <p>18 BY MS. SCULLION:</p> <p>19 Q. Endo was a long-time supporter of</p> <p>20 the American Pain Foundation, correct?</p> <p>21 A. I'm not sure how long Endo was a</p> <p>22 supporter of that. I recognize that from time</p> <p>23 to time through unrestricted medical grants and</p> <p>24 the like that that that would have been one of</p>

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<p style="text-align: right;">Page 442</p> <p>1 the sources of support.</p> <p>2 Q. And the American Pain Foundation,</p> <p>3 other supporters include other manufacturers of</p> <p>4 opioids, such as Purdue, correct?</p> <p>5 A. That I don't know.</p> <p>6 Q. Do you know that as Endo's</p> <p>7 corporate representative here today?</p> <p>8 MR. LIMBACHER: Object to form,</p> <p>9 and I object as falling outside the</p> <p>10 scope of the topics on which he's been</p> <p>11 designated. That falls under topic 36</p> <p>12 of your deposition notice, and he has</p> <p>13 not been designated on that topic.</p> <p>14 MS. SCULLION: This goes to the</p> <p>15 questions of collaboration through the</p> <p>16 APF. Let me hand you what's been</p> <p>17 marked as Exhibit Number --</p> <p>18 MR. LIMBACHER: The deposition</p> <p>19 notice specifically references</p> <p>20 relationships with a number of entities,</p> <p>21 including the American Academy of Pain</p> <p>22 Medicine, the American Pain Foundation,</p> <p>23 the American Pain Society and others.</p> <p>24 (Document marked for</p>	<p style="text-align: right;">Page 444</p> <p>1 to the APF?</p> <p>2 MR. LIMBACHER: Object to form</p> <p>3 and also object as falling outside the</p> <p>4 scope of the topics on which he's been</p> <p>5 designated. This falls squarely within</p> <p>6 topic number 36 of your deposition</p> <p>7 notice.</p> <p>8 THE WITNESS: So would you just</p> <p>9 mind reasking the question.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. Yeah. That Ms. Kitlinksi is</p> <p>12 referring to Mr. Giglio, the new executive</p> <p>13 director of the American Pain Foundation, and</p> <p>14 she is conveying that he's expressing his</p> <p>15 appreciation for the support Endo has provided</p> <p>16 to the APF.</p> <p>17 Do you see that?</p> <p>18 MR. LIMBACHER: Same objections.</p> <p>19 THE WITNESS: Yes, I read that in</p> <p>20 Linda's e-mail.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. And, in particular, it refers to</p> <p>23 a grant submission request that the APF is going</p> <p>24 to be sending to Endo, correct?</p>
<p style="text-align: right;">Page 443</p> <p>1 identification as Endo-Lortie Deposition</p> <p>2 Exhibit No. 39.)</p> <p>3 BY MS. SCULLION:</p> <p>4 Q. Let me hand you what's been</p> <p>5 marked as Exhibit Number 39.</p> <p>6 And for the record, Exhibit 39 is</p> <p>7 Bates stamped ENDO-OPIOID_MDL-02634029.</p> <p>8 Mr. Lortie, do you see Exhibit 39</p> <p>9 is a August 1st, 2001 e-mail from Linda</p> <p>10 Kitlinksi to, among others, Carol Ammon?</p> <p>11 A. Yes, I see that on the cover, the</p> <p>12 e-mail cover, yes.</p> <p>13 Q. Carol Ammon was at the time the</p> <p>14 CEO of Endo, correct?</p> <p>15 A. I believe so. Again, August 2001</p> <p>16 was fully eight years before I arrived at Endo,</p> <p>17 but Carol was the founding CEO, so --</p> <p>18 Q. Right.</p> <p>19 A. -- that's probably correct.</p> <p>20 Q. Okay. And do you see</p> <p>21 Ms. Kitlinksi is referring to Mr. Giglio, the</p> <p>22 new executive director of the American Pain</p> <p>23 Foundation and that he's expressing his</p> <p>24 appreciation for the support Endo has provided</p>	<p style="text-align: right;">Page 445</p> <p>1 MR. LIMBACHER: Same objections.</p> <p>2 THE WITNESS: I don't know. I'll</p> <p>3 read on to see.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. The end of the e-mail?</p> <p>6 A. This predates me, so, therefore,</p> <p>7 I'm not -- I'm obviously not a recipient of it.</p> <p>8 Yes. And so I see where he -- as</p> <p>9 you mentioned before, he expresses his</p> <p>10 appreciation of support and is forwarding a copy</p> <p>11 of something along related to a grant submission</p> <p>12 request.</p> <p>13 Q. Okay. And if you go to page --</p> <p>14 sorry, we've marked Exhibit 39 as -- with E1326</p> <p>15 at the top right-hand corner.</p> <p>16 If you go to page E1326.3, which</p> <p>17 is "Background and Update to Endo</p> <p>18 Pharmaceuticals From the American Pain</p> <p>19 Foundation."</p> <p>20 Do you see in the second</p> <p>21 paragraph of the overview of the American Pain</p> <p>22 Foundation it states here, the "APF was founded</p> <p>23 in 1997 by three former presidents of the</p> <p>24 American Pain Society"?</p>

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<p style="text-align: right;">Page 446</p> <p>1 MR. LIMBACHER: Object to form 2 and foundation and object as falling 3 outside the scope of the topics on which 4 he's been designated. Again, these 5 questions fall squarely within topic 6 number 36 of your deposition notice. 7 THE WITNESS: If it's okay, I'm 8 just going to read a couple of pages 9 here to orient myself. 10 BY MS. SCULLION: 11 Q. I mean, the only question is do 12 you see that it says that the APF was founded in 13 1997 by three former presidents of the American 14 Pain Society? 15 A. Yeah, just a second, if I could, 16 I just want to kind of ground myself, since this 17 was not a communication that -- 18 Q. I'll tell you, it's the only 19 question I have about this page. 20 A. Sure, but it's just important 21 that I get what is being communicated here. 22 MR. LIMBACHER: Take your time 23 and review the document. 24 BY MS. SCULLION:</p>	<p style="text-align: right;">Page 448</p> <p>1 BY MS. SCULLION: 2 Q. For example, with respect to 3 medical guidelines for the use of opioids, did 4 Endo collaborate with other manufacturers on 5 that issue? 6 MR. LIMBACHER: Same objections. 7 THE WITNESS: I don't -- I'm not 8 aware specifically because that didn't 9 fall squarely in my responsibility. To 10 the extent to which Endo collaborated 11 with any other manufacturer on a broad 12 topic, as you just mentioned, 13 guidelines, et cetera. 14 MS. SCULLION: So, counsel, is 15 Mr. Lortie here to testify on topic 39 16 with respect to collaboration among Endo 17 and any other pharmaceutical 18 manufacturers concerning use of opioid 19 products? 20 MR. LIMBACHER: He's here to 21 testify with regard to topic 39 as it 22 reads in your deposition notice and in 23 the context of the other topics which 24 you have set forth in your deposition</p>
<p style="text-align: right;">Page 447</p> <p>1 Q. I'll withdraw the question. 2 Now, is it your contention, is it 3 Endo's contention that Endo did not collaborate 4 with any other manufacturers of opioids such as 5 Purdue Pharma through the APF? 6 MR. LIMBACHER: Object to form, 7 foundation and to the extent it falls 8 outside the scope of the topics on which 9 he's been designated. 10 THE WITNESS: I believe the 11 question I answered originally was 12 regards to three specific topics, sales, 13 marketing and distribution, and the 14 answer to that is, no, Endo did not 15 collaborate with any other manufacturers 16 on those topics. 17 BY MS. SCULLION: 18 Q. How about with respect to the use 19 of opioids, did it collaborate with other 20 manufacturers with respect to the use of 21 opioids? 22 MR. LIMBACHER: Same objections. 23 THE WITNESS: I'm not sure I 24 really understand the question.</p>	<p style="text-align: right;">Page 449</p> <p>1 notice. 2 He's not here to testify about 3 other topics that are clearly distinct 4 from topic number 39. 5 MS. SCULLION: Right, and is it 6 Endo's contention that topic 39 does not 7 include collaboration with other 8 pharmaceutical manufacturers concerning 9 the use of opioids as stated here -- 10 I'll read for the record, our notice 11 states, any effort you, you're Endo, 12 made directly or through any third party 13 to collaborate with one or more other 14 pharmaceutical manufacturers or 15 distributors concerning marketing, use, 16 prescribing, sale, distribution or 17 regulation of any one or the class of 18 opioid products, including any 19 collaborative lobbying efforts 20 concerning any of the foregoing. 21 MR. LIMBACHER: You read that 22 correctly, counsel, and we may have 23 disagreement with regard to how you're 24 defining the word use, if that is the</p>

8 (Pages 446 to 449)



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<p style="text-align: right;">Page 450</p> <p>1 issue that's on the table. But why</p> <p>2 don't you use your time to ask him</p> <p>3 questions.</p> <p>4 MS. SCULLION: I will use the</p> <p>5 time to ask the questions. It is our</p> <p>6 contention that that is -- so</p> <p>7 collaboration with respect to medical</p> <p>8 guidelines, for example, would be part</p> <p>9 of that topic.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. Are you familiar with --</p> <p>12 MR. LIMBACHER: He answered those</p> <p>13 questions, subject to my objections.</p> <p>14 MS. SCULLION: Right, and his</p> <p>15 answer was he didn't know because it</p> <p>16 wasn't within his area of</p> <p>17 responsibility, and I was asking whether</p> <p>18 he'd been prepared as a corporate</p> <p>19 representative to speak to, for example,</p> <p>20 Endo's collaboration with other</p> <p>21 manufacturers on medical guidelines for</p> <p>22 the use of opioids.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Let me ask you this question: are</p>	<p style="text-align: right;">Page 452</p> <p>1 Q. And so for the layperson, do</p> <p>2 medical guidelines relate to the use of the</p> <p>3 given drug category?</p> <p>4 MR. LIMBACHER: Object to form.</p> <p>5 THE WITNESS: It's possible that</p> <p>6 they could. But as I tried to explain,</p> <p>7 it could also speak to diagnosis,</p> <p>8 therapeutic advances, therapy, as you</p> <p>9 point out, so it could, but it also is a</p> <p>10 broader and more broadly defined</p> <p>11 category.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. Could it -- do they also relate</p> <p>14 to the prescribing of a given category of drug</p> <p>15 products, guidelines for prescribing those?</p> <p>16 MR. LIMBACHER: Object to form.</p> <p>17 THE WITNESS: It could, yes,</p> <p>18 sometimes that's the case.</p> <p>19 BY MS. SCULLION:</p> <p>20 Q. Okay. Are you prepared today, as</p> <p>21 Endo's corporate representative, to speak to</p> <p>22 Endo's collaboration with other manufacturers</p> <p>23 concerning medical guidelines to the extent that</p> <p>24 those guidelines relate to the use of opioid</p>
<p style="text-align: right;">Page 451</p> <p>1 you familiar with medical guidelines?</p> <p>2 A. As a general topic.</p> <p>3 Q. Okay. And can you explain what</p> <p>4 your understanding is of --</p> <p>5 A. That was a yes. I was asking you</p> <p>6 for your clarification, as a general topic,</p> <p>7 medical guidelines?</p> <p>8 Q. Yes.</p> <p>9 A. Yes, I am familiar.</p> <p>10 Q. And can you explain what your</p> <p>11 understanding is of what medical guidelines are?</p> <p>12 A. Across any number of therapeutic</p> <p>13 areas from time to time bodies of healthcare</p> <p>14 professionals and other interested parties often</p> <p>15 come together, occasionally, it's the government</p> <p>16 or the CDC or others, to provide medical</p> <p>17 guidelines, in other words, therapeutic</p> <p>18 guidelines for approaches to certain disease or</p> <p>19 diagnosis of disease or treatment of disease.</p> <p>20 So just about my experience of many years in</p> <p>21 this industry, that's something that occurs as a</p> <p>22 matter of routine activity across any number of</p> <p>23 therapeutic areas.</p> <p>24 BY MS. SCULLION:</p>	<p style="text-align: right;">Page 453</p> <p>1 products?</p> <p>2 MR. LIMBACHER: Counsel, if you</p> <p>3 have documents you want to put in front</p> <p>4 of him that fall within the scope of</p> <p>5 topic 39, he is prepared to answer those</p> <p>6 questions.</p> <p>7 MS. SCULLION: I don't want to</p> <p>8 sit here and show him documents if he's</p> <p>9 not been prepared to speak to the topic,</p> <p>10 and we are not going to have this time</p> <p>11 come out of our 30(b)(6) time because</p> <p>12 it's apparent that he has not been</p> <p>13 prepared on the full scope of the</p> <p>14 topics, but I do want to make sure I</p> <p>15 understand.</p> <p>16 BY MS. SCULLION:</p> <p>17 Q. Have you been prepared to speak</p> <p>18 to Endo's collaboration with other manufacturers</p> <p>19 on medical guidelines to the extent the</p> <p>20 guidelines relate to the use of opioid products?</p> <p>21 MR. LIMBACHER: And, again,</p> <p>22 counsel he's been prepared to testify</p> <p>23 within the scope of a reasonable</p> <p>24 definition and interpretation of topic</p>

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<p style="text-align: right;">Page 454</p> <p>1 39, recognizing that there are a lot of</p> <p>2 other topics in this deposition notice</p> <p>3 that sometimes more specifically refer</p> <p>4 to some of the issues that you are</p> <p>5 raising.</p> <p>6 So if you have questions about</p> <p>7 particular documents, why don't you put</p> <p>8 those documents in front of him, and</p> <p>9 he'll be happy to answer those</p> <p>10 questions, subject to my objections.</p> <p>11 BY MS. SCULLION:</p> <p>12 Q. Were you prepared on that issue?</p> <p>13 A. I am sure I can shed light on</p> <p>14 certain areas of that topic. We just spoke</p> <p>15 about the definition of guidelines and how</p> <p>16 they're used.</p> <p>17 There will be a level beyond</p> <p>18 which I was not involved specifically, so I</p> <p>19 can't attest based on my own experience because</p> <p>20 I don't recall sitting on a guidelines</p> <p>21 preparation committee, and -- but I'd be happy</p> <p>22 to do my very best to answer the questions if</p> <p>23 you can show me what you'd like me to respond</p> <p>24 to.</p>	<p style="text-align: right;">Page 456</p> <p>1 A. Sure, I can. Based on my</p> <p>2 experience, my recollections generally are that</p> <p>3 when medical guidelines were either communicated</p> <p>4 to Endo or when Endo had an opportunity to</p> <p>5 respond to requests for having input, my view is</p> <p>6 I understood Endo's contribution to those</p> <p>7 discussions in concert with our physicians, with</p> <p>8 our regulators, for example, our health economic</p> <p>9 team, whatever the question was, we would</p> <p>10 always, if invited, put the appropriate staff in</p> <p>11 contact and respond to those.</p> <p>12 To the extent that other</p> <p>13 companies were involved and also asked to</p> <p>14 contribute to guidelines, and, again, I'm</p> <p>15 talking generally, I'm not speaking with regards</p> <p>16 to any specific one, although I'd be happy to do</p> <p>17 that, I can't tell you because I never had</p> <p>18 visibility to the other groups, constituents or</p> <p>19 companies that may have been asked to</p> <p>20 contribute. So my view on guidelines and my</p> <p>21 experience with guidelines is I was looking at</p> <p>22 it through Endo's involvement, but I was not</p> <p>23 privy to other company's involvement.</p> <p>24 Q. Do you know, as Endo's corporate</p>
<p style="text-align: right;">Page 455</p> <p>1 Q. I was going to ask you, can you</p> <p>2 tell me what you know, as Endo's corporate</p> <p>3 representative, about the extent to which Endo</p> <p>4 collaborated with other manufacturers of opioids</p> <p>5 with respect to medical guidelines concerning</p> <p>6 the use of opioids?</p> <p>7 MR. LIMBACHER: Object to form</p> <p>8 and foundation and object to the extent</p> <p>9 it falls outside the scope of the topics</p> <p>10 on which he's been designated. He is</p> <p>11 not the corporate representative on any</p> <p>12 and every issue that you care to raise</p> <p>13 with him, counsel.</p> <p>14 He has been specifically</p> <p>15 designated on precise topics following</p> <p>16 extensive communication back and forth</p> <p>17 between lawyers for Endo and yourself.</p> <p>18 MS. SCULLION: None of this --</p> <p>19 none of colloquy is going to be coming</p> <p>20 out of our time.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. Can you tell me what you know</p> <p>23 about that issue as Endo's corporate</p> <p>24 representative?</p>	<p style="text-align: right;">Page 457</p> <p>1 representative, can you tell me about Endo's</p> <p>2 participation in the American Pain Society</p> <p>3 guideline project?</p> <p>4 MR. LIMBACHER: Object to form</p> <p>5 and foundation and object as falling</p> <p>6 outside the scope of the topics on which</p> <p>7 he's been designated.</p> <p>8 THE WITNESS: Specifically, I</p> <p>9 cannot, but, again, I'd be happy to</p> <p>10 review something to see if I have</p> <p>11 information that would be helpful.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. You've not been prepared on that</p> <p>14 topic, correct?</p> <p>15 MR. LIMBACHER: That's because</p> <p>16 he's not designated on that topic,</p> <p>17 counsel. The American Pain Society is</p> <p>18 specifically referenced in topic 36 of</p> <p>19 your deposition notice. It is not in</p> <p>20 topic number 39, and I don't see the</p> <p>21 words medical guidelines anywhere in</p> <p>22 topic 39.</p> <p>23 MS. SCULLION: Counsel, as you</p> <p>24 know, I've asked him the question with</p>

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<p style="text-align: right;">Page 458</p> <p>1 respect to use of opioids and it's</p> <p>2 squarely within topic 39. I'm not going</p> <p>3 to have any of this colloquy come out of</p> <p>4 our time for a 30(b)(6) deposition.</p> <p>5 MR. LIMBACHER: You're the one</p> <p>6 who is choosing to question him on</p> <p>7 topics on which he has not been</p> <p>8 designated.</p> <p>9 MS. SCULLION: Counsel, we're not</p> <p>10 doing this. If you want to do this off</p> <p>11 the record, I'm happy to do it. I'm not</p> <p>12 doing it on the record anymore.</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. Do you know as Endo's corporate</p> <p>15 representative whether Endo co-sponsored, along</p> <p>16 with other manufacturers of opioids, prescribing</p> <p>17 guides for opioids?</p> <p>18 A. I'm not aware of such a thing,</p> <p>19 no.</p> <p>20 Q. Not prepared to speak to that,</p> <p>21 correct?</p> <p>22 A. I'm not aware of that having</p> <p>23 happened.</p> <p>24 MR. LIMBACHER: Object to form</p>	<p style="text-align: right;">Page 460</p> <p>1 through our own internal people, I was</p> <p>2 aware of our contribution to that and</p> <p>3 our responsibilities. I was not privy</p> <p>4 to what other companies' input on that</p> <p>5 was. If I can just finish.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. Sure, please. I thought you</p> <p>8 were. I apologize, go ahead.</p> <p>9 A. I do recall that, in general,</p> <p>10 knowing that other companies were part of that,</p> <p>11 again, because it was industry wide requirement.</p> <p>12 Q. You say it was an industry-wide</p> <p>13 requirement, so it was a regulation on the</p> <p>14 industry with respect to opioid products,</p> <p>15 correct?</p> <p>16 MR. LIMBACHER: Same objections.</p> <p>17 THE WITNESS: I believe that's</p> <p>18 correct, yes.</p> <p>19 BY MS. SCULLION:</p> <p>20 Q. Okay. But you have not reviewed</p> <p>21 documents or otherwise prepared to speak to</p> <p>22 Endo's collaboration with any other</p> <p>23 manufacturers on the REMS initiative as part of</p> <p>24 the regulation of opioid products, correct?</p>
<p style="text-align: right;">Page 459</p> <p>1 and foundation and object to the extent</p> <p>2 it falls outside the scope of the topics</p> <p>3 on which he's been designated.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. Are you prepared to speak as</p> <p>6 Endo's corporate representative with respect to</p> <p>7 Endo's collaboration with other manufacturers of</p> <p>8 opioids on the REMS implementation?</p> <p>9 MR. LIMBACHER: Object to form,</p> <p>10 foundation and to the extent it falls</p> <p>11 outside the scope of the topics on which</p> <p>12 he's been designated. I don't see any</p> <p>13 reference to REMS implementation in</p> <p>14 topic number 39.</p> <p>15 THE WITNESS: I think we've</p> <p>16 testified before, REMS was an</p> <p>17 industry-wide requirement by the FDA,</p> <p>18 and, therefore, other companies -- I'm</p> <p>19 sure every manufacturer was involved.</p> <p>20 I know Endo's involvement in</p> <p>21 that. Again, same answer as before, to</p> <p>22 the extent as REMS was being developed</p> <p>23 and we were required to implement it as</p> <p>24 part of our risk management program</p>	<p style="text-align: right;">Page 461</p> <p>1 MR. LIMBACHER: Object as falling</p> <p>2 outside the scope of topic number 39 on</p> <p>3 which he has been designated.</p> <p>4 THE WITNESS: I've explained to</p> <p>5 you the depth of my knowledge</p> <p>6 specifically on the REMS process. I</p> <p>7 wasn't a part of the working group, so I</p> <p>8 don't know.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. Okay. As part of your</p> <p>11 preparation for the deposition, did you review</p> <p>12 the RiskMAP updates that Endo submitted to the</p> <p>13 FDA?</p> <p>14 A. I reviewed probably some of them.</p> <p>15 I'm not sure I reviewed every single one, but I</p> <p>16 did review sequence of them and studied them to</p> <p>17 get a general sense what I understand, you know,</p> <p>18 so I understand what those were.</p> <p>19 Q. Okay. We'll come back to that.</p> <p>20 I just wanted to make sure I understood.</p> <p>21 MS. SCULLION: Could I have 1570,</p> <p>22 1574, 1571.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. I'm going to switch back to your</p>

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<p style="text-align: right;">Page 462</p> <p>1 personal capacity, to be very clear.</p> <p>2 A. Thank you. I appreciate the</p> <p>3 clarification.</p> <p>4 Q. No problem.</p> <p>5 (Document marked for</p> <p>6 identification as Endo-Lortie Deposition</p> <p>7 Exhibit No. 40.)</p> <p>8 BY MS. SCULLION:</p> <p>9 Q. Mr. Lortie, Endo was involved in</p> <p>10 some lobbying efforts in 2016 with respect to</p> <p>11 the VA Promise Act.</p> <p>12 Do you recall that?</p> <p>13 A. Not specifically, but I'd be</p> <p>14 happy to review documents to help jog my memory.</p> <p>15 Q. Do you recall the VA Promise Act,</p> <p>16 an act that, among other things, concerned</p> <p>17 medical guidelines that the VA would use with</p> <p>18 respect to the use of long-acting opioids?</p> <p>19 A. Based on what you just said, I</p> <p>20 recall a little bit, but not a lot of detail.</p> <p>21 Q. Okay.</p> <p>22 A. I haven't reviewed anything</p> <p>23 relative to that.</p> <p>24 Q. Okay. Let me hand you what's</p>	<p style="text-align: right;">Page 464</p> <p>1 And this Exhibit 40 is Bates</p> <p>2 stamped ENDO-OPIOID-MDL_01552423, and just to</p> <p>3 make sure in the upper right-hand corner E1570,</p> <p>4 correct?</p> <p>5 A. Yes, that is the document I have.</p> <p>6 Q. Great, terrific.</p> <p>7 You see this is a November 2015</p> <p>8 e-mail from Timothy Byrne to yourself and others</p> <p>9 at Endo?</p> <p>10 A. I do.</p> <p>11 Q. And the subject matter here is</p> <p>12 Bilirakis Bill and CDC guidelines.</p> <p>13 Do you see that?</p> <p>14 MR. LIMBACHER: Take your time</p> <p>15 and review the document.</p> <p>16 THE WITNESS: Yeah, that's what's</p> <p>17 written in the subject line. I'll just</p> <p>18 take a look at the text here for a</p> <p>19 moment.</p> <p>20 BY MS. SCULLION:</p> <p>21 Q. Sure.</p> <p>22 A. (Witness reviews document.)</p> <p>23 Okay. Thank you.</p> <p>24 Q. Okay. Looking at Exhibit 40,</p>
<p style="text-align: right;">Page 463</p> <p>1 been marked as Exhibit 40.</p> <p>2 And for the record, Exhibit 40 is</p> <p>3 Bates stamped ENDO-OPIOID_MDL-01552423 and</p> <p>4 that's stamped on the upper right-hand corner</p> <p>5 E1570 --</p> <p>6 A. I'm sorry, just the stamp on the</p> <p>7 lower right, I don't believe I've got the same</p> <p>8 number you mentioned.</p> <p>9 Q. The upper right, does yours say</p> <p>10 E1570?</p> <p>11 A. It says E1574.1.</p> <p>12 Q. Oh, I'm sorry. I handed you the</p> <p>13 wrong document.</p> <p>14 A. And I was also referring to the</p> <p>15 Bates stamp as different.</p> <p>16 Q. I meant 1570.</p> <p>17 A. Checking to make sure I'm with</p> <p>18 you.</p> <p>19 Q. Sure. Thank you very much. I</p> <p>20 misspoke. Thank you.</p> <p>21 Try this again. So I'm handing</p> <p>22 you what's marked as Exhibit 40.</p> <p>23 A. Everyone gets a do-over.</p> <p>24 Q. Thank you.</p>	<p style="text-align: right;">Page 465</p> <p>1 does this refresh your recollection about Endo's</p> <p>2 lobbying with respect to what's called here the</p> <p>3 Bilirakis bill, it's called within the -- sorry,</p> <p>4 in the body of the e-mail, it does refer to the</p> <p>5 bill, and it's -- strike that.</p> <p>6 Does this refresh your</p> <p>7 recollection about a bill concerning the VA's</p> <p>8 use of the CDC guidelines?</p> <p>9 A. It doesn't specifically refresh</p> <p>10 my recollection, but I do read that here, so</p> <p>11 it's clear that that's the connection that's</p> <p>12 being made.</p> <p>13 Q. Okay. And if you -- who was Tim</p> <p>14 Byrne?</p> <p>15 A. Tim Byrne was a member of our --</p> <p>16 trying to remember specifically what that</p> <p>17 department was called, but essentially our -- he</p> <p>18 was not in our Washington office but government</p> <p>19 affairs.</p> <p>20 Q. Government affairs?</p> <p>21 A. Thank you, government affairs.</p> <p>22 Q. And government affairs, among</p> <p>23 other things, worked with lobbyists that Endo</p> <p>24 engaged; is that right?</p>

12 (Pages 462 to 465)

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<p style="text-align: right;">Page 466</p> <p>1 MR. LIMBACHER: Object to form</p> <p>2 and foundation.</p> <p>3 THE WITNESS: Sorry, to the</p> <p>4 extent that lobbyists were engaged, they</p> <p>5 would have been engaged through that</p> <p>6 department, yes.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Okay. And if you look in the</p> <p>9 first paragraph of Mr. Byrne's e-mail in the</p> <p>10 second sentence, do you see that he explains in</p> <p>11 the second half of that sentence, we are</p> <p>12 opposing a provision in this Bilirakis bill,</p> <p>13 "opposing a provision that would require the</p> <p>14 VA/DOD Clinical Practice Guideline for the</p> <p>15 Management of Opioid Therapy for Chronic Pain be</p> <p>16 updated to include recommended guidelines as</p> <p>17 compiled by the Centers for Disease Control and</p> <p>18 Prevention (CDC)."</p> <p>19 Do you see that?</p> <p>20 A. Yes, I do. I read that.</p> <p>21 Q. Okay. And then Mr. Byrne goes on</p> <p>22 to explain in the next paragraph, "we," Endo,</p> <p>23 "are currently working with many other</p> <p>24 stakeholders in opposing the recently proposed</p>	<p style="text-align: right;">Page 468</p> <p>1 to the last paragraph, last sentence before the</p> <p>2 closing of Mr. Byrne's e-mail he says, "We will</p> <p>3 also continue to work with those in the pain</p> <p>4 community in proposing the proposed CDC</p> <p>5 guidelines."</p> <p>6 Do you see that?</p> <p>7 A. Yes, you read that correctly.</p> <p>8 Q. And looking at that, again, does</p> <p>9 that refresh your recollection that Endo was</p> <p>10 collaborating with other opioid manufacturers in</p> <p>11 opposing the proposed CDC guidelines?</p> <p>12 A. No, it does not.</p> <p>13 Q. Do you recall that Endo worked</p> <p>14 with the Pain Care Forum in opposing the CDC</p> <p>15 guidelines?</p> <p>16 A. I don't, not specifically, no.</p> <p>17 Q. Do you recall Endo working with</p> <p>18 any organizations in opposing the CDC</p> <p>19 guidelines?</p> <p>20 A. This doesn't help me recall</p> <p>21 anything, no.</p> <p>22 Q. Okay. Let's go to -- Mr. Lortie,</p> <p>23 you personally did go to lobby against the</p> <p>24 inclusion -- sorry -- you went to personally</p>
<p style="text-align: right;">Page 467</p> <p>1 CDC Guidelines for Prescribing Opioids for</p> <p>2 Chronic Pain."</p> <p>3 Did I read that correctly?</p> <p>4 A. You read the sentence correctly.</p> <p>5 Q. Okay. And the other</p> <p>6 stakeholders, that included other opioid</p> <p>7 manufacturers; is that right?</p> <p>8 A. That's not clear here. It says</p> <p>9 other stakeholders.</p> <p>10 Q. Do you recall that Endo worked</p> <p>11 with other manufacturers, among other</p> <p>12 stakeholders, in opposing the CDC guidelines?</p> <p>13 A. Not specifically, I don't recall.</p> <p>14 Q. And he goes on to explain that</p> <p>15 the reason that Endo was opposing the CDC</p> <p>16 guidelines is because, in Endo's view, they</p> <p>17 would oppose dosing and duration limits and</p> <p>18 restrict access for patients.</p> <p>19 Do you see that?</p> <p>20 MR. LIMBACHER: Object to form.</p> <p>21 THE WITNESS: Just finding that</p> <p>22 line. Yes, you read that correctly.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Okay. And so, again, if you go</p>	<p style="text-align: right;">Page 469</p> <p>1 lobby against a bill that would have required</p> <p>2 the VA to follow only the CDC guidelines with</p> <p>3 respect to the use of opioids, correct?</p> <p>4 A. I don't recall that, no.</p> <p>5 Q. Okay. Hand you what's been</p> <p>6 marked as Exhibit number 41.</p> <p>7 (Document marked for</p> <p>8 identification as Endo-Lortie Deposition</p> <p>9 Exhibit No. 41.)</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. And Exhibit 41 is Bates stamped</p> <p>12 ENDO-OPIOID_MDL-01902150, and it's in the upper</p> <p>13 right-hand corner E1574.</p> <p>14 A. Yes, this is the one I had</p> <p>15 before.</p> <p>16 Q. It is.</p> <p>17 And if you will look at the</p> <p>18 bottom half of the first page, E1574.1, it's an</p> <p>19 e-mail -- there's an e-mail from you to Brian</p> <p>20 Munroe, subject matter: VA Promise Act</p> <p>21 amendments.</p> <p>22 And am I correct that you are</p> <p>23 writing to Brian and that you're agreeing with</p> <p>24 him that the efforts Brian describes below in</p>

13 (Pages 466 to 469)



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<p style="text-align: right;">Page 470</p> <p>1 his e-mail concerning the VA Promise Act was an  2 important achievement; is that right?  3 A. That's -- that is what I have  4 written in the e-mail, yes.  5 Q. Okay. So let's look at what  6 Mr. Munroe is conveying.  7 If you go to the last page of the  8 exhibit, E1574.2, you see that Mr. Munroe is  9 explaining the amendment to the VA Promise Act  10 amendment language that you're congratulating  11 him on.  12 And if you look, he explains that  13 the original version of the bill's language,  14 this is the House bill, stated in subsection  15 (a)(1) "In accordance with subsection (b),  16 common recommended guidelines for safely  17 prescribing opioids for the treatment of  18 chronic, non-cancer pain in outpatient settings  19 as compiled by the Director of the Centers for  20 Disease Control and Prevention."  21 Do you see that was the original  22 language in the bill?  23 A. I might be looking at the wrong  24 place. Could you just orient me, so I'm --</p>	<p style="text-align: right;">Page 472</p> <p>1 original bill language, right?  2 A. Yes, I see that, that language  3 represented here, yes.  4 Q. Okay. So the original bill was  5 going to have VA using the CDC guidelines, and  6 the amendment below that that Mr. Munroe is  7 sending on to you has changed it to -- if you  8 look at subsection now (a)(1) there would be a  9 advisory committee to conduct a thorough review  10 of the most recent VA/DOD Clinical Practice  11 Guideline for Management of Opioid Therapy for  12 Chronic Pain and (2) make recommendations to the  13 secretaries with respect to updating the  14 clinical practice guideline.  15 Do you see that?  16 MR. LIMBACHER: Object to form.  17 THE WITNESS: Yes.  18 BY MS. SCULLION:  19 Q. And so the amendment has gone  20 from dictating that the VA will use the CDC  21 guideline for opioids for the treatment of  22 chronic, non-cancer pain to now just a review  23 and recommendation with respect to clinical  24 practice guidelines; that's the amendment,</p>
<p style="text-align: right;">Page 471</p> <p>1 Q. Absolutely?  2 A. -- page 1574.2.  3 Q. Right. And if you look where  4 he's explained "The amendment removes the CDC  5 language."  6 Do you see that sentence?  7 A. I see a sentence that says that,  8 yes.  9 Q. Right. And then he goes on to  10 explain "The original states."  11 A. I see that.  12 Q. And then he's set forth the  13 original language of the House bill in question.  14 A. So if I may just read that.  15 Q. Absolutely.  16 A. (Witness reviews document.)  17 Okay. I read that paragraph. Thank you.  18 Q. Okay. So do you understand that  19 then the original language for the bill would  20 have had the VA using the guidelines for safely  21 prescribing opioids for the treatment of  22 chronic, non-cancer pain in outpatient settings  23 as compiled by the director of the Centers for  24 Disease Control and Prevention, that was the</p>	<p style="text-align: right;">Page 473</p> <p>1 right?  2 MR. LIMBACHER: Object to form.  3 THE WITNESS: Well, in subsection  4 (a), which is where you've oriented my  5 attention, it says that an advisory  6 committee will be convened to, as you  7 read, conduct a review of the guidelines  8 and make recommendations with respect to  9 updating the clinical practice  10 guideline.  11 BY MS. SCULLION:  12 Q. Right. Whereas the original  13 right above that stated that the secretary of  14 the VA and the secretary of defense shall  15 jointly update the VA/DOD Clinical Practice  16 Guideline for Management of Opioid Therapy for  17 Chronic Pain to include specifically the CDC  18 guideline?  19 A. Correct.  20 Q. So, originally, it was -- the  21 bill was you will include the CDC guideline,  22 and, as you point out, the amendment was there  23 will be a --  24 A. An advisory committee.</p>

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<p style="text-align: right;">Page 474</p> <p>1 Q. -- an advisory committee convened</p> <p>2 to decide on guidelines, correct?</p> <p>3 A. Or to review and make</p> <p>4 recommendations.</p> <p>5 Q. Correct, thank you.</p> <p>6 A. That's what I read, yes.</p> <p>7 Q. If you go back now to the first</p> <p>8 page of Exhibit 41, looking at Mr. Munroe's</p> <p>9 first paragraph of his e-mail, where he is</p> <p>10 explaining to you and others, "we," Endo, "have</p> <p>11 been working closely with physicians, patient</p> <p>12 groups, and other external stakeholders to</p> <p>13 oppose arbitrary opioid dose and duration limits</p> <p>14 that are a central feature of proposed CDC</p> <p>15 guidelines."</p> <p>16 Did I read that correctly?</p> <p>17 A. I'm sorry, I'm just looking at</p> <p>18 the overall e-mail, so could you just point me</p> <p>19 to that again.</p> <p>20 Q. The very first sentence of</p> <p>21 Mr. Munroe's e-mail.</p> <p>22 A. At the bottom?</p> <p>23 Q. Correct.</p> <p>24 A. Yes, okay.</p>	<p style="text-align: right;">Page 476</p> <p>1 specifically. I've made a number of</p> <p>2 visits to Capitol Hill with Brian and</p> <p>3 others. I did go there once or twice</p> <p>4 with Matt as well. Now, whether or not</p> <p>5 this was that one, I don't recall</p> <p>6 specifically.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Okay. But you don't have any</p> <p>9 reason to dispute the accuracy of what</p> <p>10 Mr. Munroe has written in his e-mail, correct?</p> <p>11 A. I don't recall it specifically,</p> <p>12 and I'm noting, and this is why I was distracted</p> <p>13 before, he refers a trip next week. In the</p> <p>14 e-mail he writes, on January 28th and then</p> <p>15 further at the top, he -- on the same date he</p> <p>16 writes, thank you for your leadership and</p> <p>17 friendship and for coming to DC. So unless</p> <p>18 there's some inconsistency in the dates in the</p> <p>19 way it was produced, which is possible, that's</p> <p>20 why I'm trying to line up specifically which</p> <p>21 visit we're talking about. As I said, it wasn't</p> <p>22 uncommon to visit the Hill, not just for Endo --</p> <p>23 not just for opioid related but for Endo related</p> <p>24 business. Remember we had a pharmaceutical</p>
<p style="text-align: right;">Page 475</p> <p>1 Q. I read that correctly?</p> <p>2 A. Let me just -- can you just --</p> <p>3 I'm sorry, can you just read that.</p> <p>4 Q. Sure. "We have been working</p> <p>5 closely with physicians, patient groups, and</p> <p>6 other external stakeholders to oppose arbitrary</p> <p>7 opioid dose and duration limits that are a</p> <p>8 central feature of proposed CDC guidelines."</p> <p>9 A. Yes, that's correct. That's</p> <p>10 written correctly.</p> <p>11 Q. And then if you go to the last</p> <p>12 sentence in that same paragraph, do you see it</p> <p>13 references that you and Matt, which I take to be</p> <p>14 Matt Maletta, were coming to the Hill next week</p> <p>15 to press our case directly to key members of</p> <p>16 Congress.</p> <p>17 Do you see that?</p> <p>18 A. Yes, I see that he wrote that.</p> <p>19 Q. Does this refresh your</p> <p>20 recollection that you and Matt, and was that</p> <p>21 Matt Maletta, went to the Hill to lobby against</p> <p>22 adoption of the CDC guidelines by the VA?</p> <p>23 MR. LIMBACHER: Object to form.</p> <p>24 THE WITNESS: It doesn't</p>	<p style="text-align: right;">Page 477</p> <p>1 business that spanned broadly beyond just Opana</p> <p>2 ER.</p> <p>3 Q. Right, but this is -- the first</p> <p>4 paragraph of Mr. Munroe's e-mail at the bottom</p> <p>5 of Exhibit 41 is speaking to Endo's efforts to</p> <p>6 oppose adoption of the CDC guidelines, and it's</p> <p>7 at the end of that paragraph is where he is</p> <p>8 saying that you and Matt will be coming to the</p> <p>9 Hill next week to press our case directly to key</p> <p>10 members of Congress. He is speaking about you</p> <p>11 coming to lobby on this particular topic,</p> <p>12 correct?</p> <p>13 MR. LIMBACHER: Object to form.</p> <p>14 THE WITNESS: That's what he</p> <p>15 writes about here, but not -- just for</p> <p>16 clarification, you characterized it as</p> <p>17 opposition to the CDC guidelines. His</p> <p>18 line at the top, as you've read into the</p> <p>19 record, is opposing arbitrary dose and</p> <p>20 duration limits that are a feature of</p> <p>21 the guidelines, so I just wanted to</p> <p>22 clarify that point.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Right.</p>

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<p style="text-align: right;">Page 478</p> <p>1 Endo opposed the CDC guidelines 2 being adopted because of Endo's opposition to 3 those aspects of the guidelines, correct? 4 MR. LIMBACHER: Object to form, 5 misstates his testimony. 6 THE WITNESS: And, again, I don't 7 recall the specifics, but I was just 8 clarifying what you had read with regard 9 to that specific line in the context of 10 the e-mail that you had me review. 11 (Document marked for 12 identification as Endo-Lortie Deposition 13 Exhibit No. 42.) 14 BY MS. SCULLION: 15 Q. Mr. Lortie, I'm going to hand you 16 what's been marked as Exhibit Number 42. 17 And it's Bates stamped 18 ENDO-OPIOID_MDL-01211912, and it has in the 19 upper right-hand corner E1571.1, correct? 20 A. Yes, I have that. 21 Q. Okay. And this is now dated -- 22 an e-mail, sorry, from Scott -- Andrew Scott 23 dated February 25th, 2016. 24 Do you see that?</p>	<p style="text-align: right;">Page 480</p> <p>1 that the opposition Endo had to VA's adoption of 2 that particular version of the CDC guidelines 3 through the House bill, that opposition was 4 successful, right? 5 MR. LIMBACHER: Object to form. 6 THE WITNESS: I'm just reading 7 elsewhere. It appears to be he's 8 updating the recipients of the e-mail on 9 an amended version of the House 10 legislation that was moving through the 11 Congress, and it incorporated a number 12 of different things, not just 13 specifically the language that would 14 have -- I think he meant would have 15 required implementation of the 16 guidelines. 17 BY MS. SCULLION: 18 Q. Right, but he does point out in 19 what's labeled as subparagraph number 1 in 20 Mr. Scott's e-mail what we discussed earlier, 21 which was the amended language that creates an 22 advisory committee to conduct a review of the 23 VA/DOD's Clinical Practice Guidelines, and he 24 says in the second sentence of that same</p>
<p style="text-align: right;">Page 479</p> <p>1 A. Yes, I do. 2 Q. And Mr. Scott, as it says in his 3 signature block, was the government affairs 4 liaison for Endo at the time, correct? 5 A. Yes. 6 Q. Down in DC, right? 7 A. Yes, he worked in our office in 8 Washington, DC. 9 Q. Okay. And he's writing to you 10 and others at Endo, and the subject matter of 11 his e-mail is "Government Affairs Update: Endo 12 Victory on Amended Promise Act." 13 Did I read that correctly? 14 A. Yes, it says "Government Affairs 15 Update: Endo Victory on Amended Promise Act." 16 Q. Okay. In the second paragraph of 17 Mr. Scott's e-mail, do you see that he is 18 conveying that there was a significant victory 19 for Endo in the removal of language that would 20 have required the implementation of the proposed 21 CDC guidelines. 22 Do you see that? 23 A. You read that correctly. 24 Q. Okay. So this is then showing</p>	<p style="text-align: right;">Page 481</p> <p>1 paragraph, "The House version does not require 2 VA to adopt CDC guidelines," right? 3 A. Yeah, it says "Creates an 4 advisory committee to conduct a thorough review 5 of the most recent VA/DOD Clinical Practice 6 Guideline for Management of Opioid Therapy for 7 Chronic Pain and make recommendations to update 8 the Clinical Practice Guideline," and it goes on 9 to say, "The House version does not require VA 10 to adopt the CDC guidelines." 11 Q. And do you recall that at the 12 same time the House bill was going through, 13 there also was a Senate bill with respect to 14 adoption of the CDC guidelines? 15 A. I do not recall that, no. 16 Q. Okay. 17 (Document marked for 18 identification as Endo-Lortie Deposition 19 Exhibit No. 43.) 20 BY MS. SCULLION: 21 Q. Let's look at what's been marked 22 Exhibit Number 43. 23 And Exhibit Number 43 is Bates 24 stamped ENDO-OPIOID_MDL-04948416, and at the top</p>

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<p style="text-align: right;">Page 482</p> <p>1 of the upper right-hand corner is E1576, 2 correct? 3 A. Yes, I have that document. 4 Q. Okay. If you go to page E1576.2 5 starting at the beginning of the e-mail chain 6 here, do you see this is an e-mail from Robert 7 Smith at Venable to Drew Hudson, who is 8 indicated as being a judiciary -- sorry, 9 representative for the judiciary committee, 10 Senate judiciary committee? 11 MR. LIMBACHER: Object to form. 12 THE WITNESS: If I could just 13 take a minute, there's a lot of e-mails 14 here. 15 BY MS. SCULLION: 16 Q. Sure. 17 A. A lot of short e-mails, so I just 18 want to make sure I understand the 19 communication. 20 (Witness reviews document.) 21 Okay. Thank you. So you were pointing me on 22 76.2? 23 Q. Sure, let's -- we're going to 24 start at the beginning of the e-mail chain, and</p>	<p style="text-align: right;">Page 484</p> <p>1 not really sure I know what that means, but it 2 says judiciary-rep.senate.gov. 3 Q. Okay. And Mr. Smith is following 4 up, it looks like, on a phone conversation that 5 Mr. Hudson had, it says, with Endo to talk about 6 section 101 of Senate 524. 7 Do you see that? 8 A. I see the sentence that says, 9 thanks for time on the phone yesterday. 10 Q. With Endo? 11 A. With Endo to talk about section 12 101 of S.524. 13 Q. And he says that the conversation 14 was to talk about "our concerns about the CDC 15 guidelines added at mark-up," correct? 16 A. Misspelled guidelines, but, yes, 17 I see that sentence. 18 Q. Right. 19 And then Mr. Smith goes on as a 20 follow-up to say, we, I assume he is referring 21 to Endo, can live with it if 5 words are added. 22 Do you see that? 23 MR. LIMBACHER: Object to form. 24 THE WITNESS: I see the sentence</p>
<p style="text-align: right;">Page 483</p> <p>1 let me just walk you through it. 2 You see it's an e-mail from 3 Robert Smith to Drew Hudson? 4 A. And this is at the bottom of -- 5 Q. 1576.2. 6 A. -- the second page, yes, I see 7 that. 8 Q. And Mr. Smith, he was a lobbyist 9 engaged by Endo, correct? 10 MR. LIMBACHER: Objection, form 11 and foundation. 12 THE WITNESS: I don't recall. 13 BY MS. SCULLION: 14 Q. Okay. And you see Mr. Smith's 15 e-mail to Mr. Hudson is referring, if you look 16 in the first line of his e-mail, to section 101 17 of S.524, that's a Senate bill, right, Senate 18 524? 19 A. I'm not sure. I don't know. 20 Q. You see that Mr. Hudson, his 21 e-mail address indicates he is with the 22 judiciary committee for the Senate? It says 23 judiciary-rep.senate.gov? 24 A. That's his e-mail address. I'm</p>	<p style="text-align: right;">Page 485</p> <p>1 that has "if 5 words were added." It 2 goes on to designate, I guess, what 3 they're adding to. 4 BY MS. SCULLION: 5 Q. Right, he says they're adding it 6 to section 101(d)(1)(B) of Senate 524, and the 7 words he is asking to be added are "existing 8 relevant evidence-based guidelines." 9 Do you see that? 10 A. Yes, I see that. 11 Q. And he explains the reason Endo 12 can live with the bill if those 5 words are 13 added is "so that other evidence-based 14 guidelines (i.e., governmental (e.g. VA, DOD, et 15 al.) and nongovernmental (e.g. AMA)) also are 16 taken into consideration." 17 Do you see that? 18 MR. LIMBACHER: Object to form. 19 THE WITNESS: Yes. 20 BY MS. SCULLION: 21 Q. And then if you go up to the 22 response from Mr. Hudson, Mr. Hudson says that 23 he has reached out to Chairman Grassley's office 24 about the proposal and says, "It certainly</p>

17 (Pages 482 to 485)

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<p style="text-align: right;">Page 486</p> <p>1 doesn't seem like there would be any problem</p> <p>2 having the task force consider a wider range of</p> <p>3 guidelines than only the ones created by the</p> <p>4 CDC."</p> <p>5 Do you see that?</p> <p>6 A. Yes, I do see that.</p> <p>7 Q. And that was because Endo, again,</p> <p>8 was opposed to certain aspects of the CDC</p> <p>9 guidelines with respect to the use of opioids in</p> <p>10 the treatment of chronic, non-cancer pain,</p> <p>11 right?</p> <p>12 MR. LIMBACHER: Objection, form</p> <p>13 and foundation.</p> <p>14 THE WITNESS: I can't draw that</p> <p>15 conclusion here. This e-mail suggests</p> <p>16 that the language that was requested is</p> <p>17 added so that other evidence-based</p> <p>18 guidelines as you had read, VA, DOD, et</p> <p>19 al., and nongovernmental, e.g. AMA, are</p> <p>20 also taken into consideration.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. Right. So the CDC guidelines</p> <p>23 would not be the sole guidelines being used,</p> <p>24 correct?</p>	<p style="text-align: right;">Page 488</p> <p>1 Q. If you go to the first page of</p> <p>2 Exhibit 43, now looking at the e-mail at the</p> <p>3 bottom that is from Mr. Smith to Mr. Munroe</p> <p>4 dated February 16, 2016.</p> <p>5 Do you see that?</p> <p>6 A. From Smith to Munroe on</p> <p>7 February 26th, yes.</p> <p>8 Q. February 16th.</p> <p>9 A. I'm sorry. I thought that's what</p> <p>10 I said, my mistake. February 16th if I didn't</p> <p>11 say that.</p> <p>12 Q. And Mr. Smith tells Mr. Munroe</p> <p>13 "We're in," right?</p> <p>14 A. That's what's written here, yes.</p> <p>15 Q. Right.</p> <p>16 And then going up above that, we</p> <p>17 see Mr. Munroe is now writing to you,</p> <p>18 Mr. Shusterman, Neil Shusterman -- sorry,</p> <p>19 Dr. Neil Shusterman and others at Endo, correct?</p> <p>20 A. Yes, from Munroe to myself and</p> <p>21 Maletta, Mattox, Shusterman, Hall and Logan.</p> <p>22 Q. And can you read for me the first</p> <p>23 sentence of Mr. Munroe's e-mail to you and</p> <p>24 others?</p>
<p style="text-align: right;">Page 487</p> <p>1 MR. LIMBACHER: Object to form.</p> <p>2 THE WITNESS: Again, beyond that</p> <p>3 detail, I'm not sure what I can</p> <p>4 conclude.</p> <p>5 BY MS. SCULLION:</p> <p>6 Q. Okay. Then if you go up to the</p> <p>7 next e-mail, now a response from Mr. Smith back</p> <p>8 to Mr. Hudson, after Mr. Hudson has indicated</p> <p>9 that it certainly doesn't seem that there'll be</p> <p>10 a problem with having the task force consider a</p> <p>11 wider range of guidelines than only the ones</p> <p>12 created by the CDC, Mr. Smith says, "Thanks very</p> <p>13 much. This is really important to the company</p> <p>14 so please let me know if committee staff reacts</p> <p>15 and if you need any additional ammo."</p> <p>16 Do you see that?</p> <p>17 A. Yes.</p> <p>18 Q. And this change to the Senate</p> <p>19 bill was really important to Endo, correct?</p> <p>20 MR. LIMBACHER: Object to form</p> <p>21 and foundation.</p> <p>22 THE WITNESS: I don't recall. I</p> <p>23 don't recall.</p> <p>24 BY MS. SCULLION:</p>	<p style="text-align: right;">Page 489</p> <p>1 A. It says "Team, Neil's language is</p> <p>2 now in the Senate bill heading to the floor."</p> <p>3 Q. Right, so the language that</p> <p>4 Mr. Smith had conveyed to Mr. Hudson and that</p> <p>5 was being now inserted into the Senate bill,</p> <p>6 this is language that Dr. Shusterman had come up</p> <p>7 with, correct?</p> <p>8 MR. LIMBACHER: Object to form.</p> <p>9 THE WITNESS: I don't recall.</p> <p>10 That's what the e-mail is suggesting,</p> <p>11 but I don't personally recall.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. Well, if you go up above to the</p> <p>14 next e-mail at the top of Exhibit 43, do you see</p> <p>15 that Dr. Shusterman's response which is "Now</p> <p>16 that's cool, Brian. First time I've ever made a</p> <p>17 contribution to proposed legislation," correct?</p> <p>18 A. That's what is written in the</p> <p>19 e-mail from Neil to two Brians and other people.</p> <p>20 Q. Were you involved with Endo PAC?</p> <p>21 A. Was I involved with Endo PAC? I</p> <p>22 from time to time did contribute as an employee</p> <p>23 to Endo PAC, yes.</p> <p>24 Q. Do you know whether Endo PAC ever</p>

18 (Pages 486 to 489)

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<p style="text-align: right;">Page 490</p> <p>1 made any contributions in support of Senator 2 Grassley? 3 A. I don't recall. 4 Q. And, again, in Exhibit 43, do you 5 recall that Mr. Smith had indicated that this 6 change to the Senate bill was really important 7 to the company? That was the second page of 8 Exhibit 43, correct? 9 MR. LIMBACHER: Object to form. 10 THE WITNESS: Yeah, I'm just 11 trying to find the line again. 12 BY MS. SCULLION: 13 Q. It's in the middle, right in the 14 middle of the page. Mr. Smith says, "thanks 15 very much. This is really important to the 16 company." 17 A. Yes, so Smith writes that, yes, I 18 see that. 19 Q. Okay. And then -- 20 MS. SCULLION: Can I have 1572. 21 (Document marked for 22 identification as Endo-Lortie Deposition 23 Exhibit No. 44.) 24 BY MS. SCULLION:</p>	<p style="text-align: right;">Page 492</p> <p>1 Q. And he's communicating the 2 significant victory for Endo to, among others, 3 Paul Campanelli, the president at that time of 4 Par Pharmaceutical, correct? 5 A. Unfortunately, I don't see on 6 this document listed the people who received the 7 e-mail sent by Andrew Scott that includes that 8 sentence. It just says Andrew Scott wrote: and 9 then the text of the e-mail. Usually there's a 10 list of people who are included, so I don't have 11 that. There's another e-mail above that that 12 includes a number of people, but I don't have 13 the Andrew Scott one. 14 Q. The document you have in front of 15 you is 1572 in upper right-hand corner? 16 A. Yes. 17 Q. Okay. And the bottom of the page 18 is an e-mail, right, it says, right, that Andrew 19 Scott wrote this and includes the language, "In 20 a significant victory for Endo we removed 21 lapping that would have required the 22 implementation of the proposed CDC guidelines," 23 right? 24 A. Yes.</p>
<p style="text-align: right;">Page 491</p> <p>1 Q. And the changes to the House bill 2 we reviewed earlier, those were also really 3 important to the company, right? 4 MR. LIMBACHER: Object to form. 5 THE WITNESS: I don't recall. 6 BY MS. SCULLION: 7 Q. Let me hand you what's been 8 marked as Exhibit Number 44. 9 And Exhibit Number 44 is Bates 10 stamped ENDO-OPIOID_MDL-01211917, and it's Bates 11 stamped in the upper right-hand corner E1572. 12 Do you see that? 13 A. Yes, I have that document. 14 Q. And do you see that this is an 15 e-mail, again from Andrew Scott with respect to 16 the significant victory for Endo, and that 17 victory being we removed the language that would 18 have required the implementation of the proposed 19 CDC guidelines. Do you see that in Mr. Scott's 20 e-mail? 21 MR. LIMBACHER: Object to form. 22 THE WITNESS: Yes, you read that 23 correctly. 24 BY MS. SCULLION:</p>	<p style="text-align: right;">Page 493</p> <p>1 Q. And then the top is a response 2 from Mr. Campanelli. It says, "Outstanding 3 news. Congratulations," right? 4 A. That's correct. 5 Q. This significant victory was, in 6 fact, conveyed to Mr. Campanelli, right? 7 MR. LIMBACHER: Object to form. 8 THE WITNESS: It appears to have 9 been forwarded, but, again, usually the 10 block of e-mail recipients, as we see in 11 the very top, I would have expected to 12 see that also attached to the 13 February 25th, 2016 at 3:39 p.m. e-mail, 14 so it could be, but I just -- I can't 15 draw that conclusion here. 16 BY MS. SCULLION: 17 Q. Regardless of how it's showing up 18 and how this e-mail is printing out, someone 19 thought this was important enough to communicate 20 to Mr. Campanelli, right? 21 MR. LIMBACHER: Object to form. 22 THE WITNESS: It appears that he 23 was made aware of it because he's 24 responding to it.</p>

19 (Pages 490 to 493)



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<p style="text-align: right;">Page 494</p> <p>1 BY MS. SCULLION:</p> <p>2 Q. Okay. And the reason that these</p> <p>3 changes to the House and Senate bills with</p> <p>4 respect to the CDC guidelines were so important</p> <p>5 to Endo is because adoption of those guidelines</p> <p>6 could have significantly impacted Endo's</p> <p>7 revenues with respect to its opioid products,</p> <p>8 correct?</p> <p>9 MR. LIMBACHER: Object to form.</p> <p>10 THE WITNESS: I have no way to</p> <p>11 draw that conclusion. I don't recall.</p> <p>12 MS. SCULLION: Can I have E1573,</p> <p>13 please.</p> <p>14 (Document marked for</p> <p>15 identification as Endo-Lortie Deposition</p> <p>16 Exhibit No. 45.)</p> <p>17 MR. LIMBACHER: Counsel, whenever</p> <p>18 is a good time for a break.</p> <p>19 MS. SCULLION: We can finish</p> <p>20 after he -- we can take a break after</p> <p>21 this topic.</p> <p>22 MR. LIMBACHER: Sure.</p> <p>23 MS. SCULLION: Just a little bit</p> <p>24 more.</p>	<p style="text-align: right;">Page 496</p> <p>1 Ms. Mattox, Keri Mattox?</p> <p>2 A. Keri Mattox is, yes.</p> <p>3 Q. A woman?</p> <p>4 A. Yes.</p> <p>5 Q. Starting with Ms. Mattox's</p> <p>6 e-mail, Ms. Mattox, she's listed as "SVP</p> <p>7 Investor Relations &amp; Corporate Affairs"; is that</p> <p>8 right?</p> <p>9 A. Yes. At that time, yes.</p> <p>10 Q. Is investor relations typically</p> <p>11 the department -- was that typically the</p> <p>12 department within Endo that had input with</p> <p>13 respect to medical guidelines for the use of</p> <p>14 Endo's products?</p> <p>15 MR. LIMBACHER: Object to form.</p> <p>16 THE WITNESS: Input into medical</p> <p>17 guidelines?</p> <p>18 BY MS. SCULLION:</p> <p>19 Q. Correct?</p> <p>20 A. No.</p> <p>21 Q. Ms. Mattox is only commenting on</p> <p>22 the CDC guidelines because of the potential</p> <p>23 impact that she says on Opana ER revenues.</p> <p>24 Do you see that?</p>
<p style="text-align: right;">Page 495</p> <p>1 MR. LIMBACHER: Thank you.</p> <p>2 BY MS. SCULLION:</p> <p>3 Q. I'm going to hand you what's been</p> <p>4 marked as Exhibit Number 45.</p> <p>5 And it's Bates stamped in the</p> <p>6 bottom right-hand corner</p> <p>7 ENDO-OPIOID_MDL-01902659. On the upper</p> <p>8 right-hand corner is E1573.</p> <p>9 Do we have the correct document?</p> <p>10 A. I have that document, yes.</p> <p>11 Q. Okay. And if you will, again,</p> <p>12 start at the back of the document, best place to</p> <p>13 start is actually on the page E1573.3, at the</p> <p>14 very bottom there's an e-mail from Keri Mattox</p> <p>15 to John Harlow, cc'ing you and Mr. Munroe, and</p> <p>16 that carries over to the next page.</p> <p>17 Do you see that?</p> <p>18 A. To E1573.4?</p> <p>19 Q. Yes.</p> <p>20 A. So I'll take a look at that.</p> <p>21 (Witness reviews document.)</p> <p>22 Okay, thank you. I've looked through the</p> <p>23 document.</p> <p>24 Q. So starting with -- is it</p>	<p style="text-align: right;">Page 497</p> <p>1 MR. LIMBACHER: Object to form.</p> <p>2 THE WITNESS: I'm not sure what</p> <p>3 you're asking.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. Well, why is Ms. Mattox</p> <p>6 commenting on the issuance of the CDC</p> <p>7 guidelines?</p> <p>8 MR. LIMBACHER: Object to form</p> <p>9 and foundation.</p> <p>10 THE WITNESS: Well, if you read</p> <p>11 the entirety of the e-mail chain,</p> <p>12 there's a desire to assess what, if any,</p> <p>13 financial impact there may be on the</p> <p>14 business as a result of those</p> <p>15 guidelines. This was -- Keri was in</p> <p>16 charge of investor relations, corporate</p> <p>17 communications, and so this would have</p> <p>18 been very normal in the course of her</p> <p>19 work.</p> <p>20 BY MS. SCULLION:</p> <p>21 Q. Right. And so starting with her</p> <p>22 e-mail, she explains -- strike that -- she is</p> <p>23 asking whether the aspect of the CDC's -- CDC</p> <p>24 guidelines concerning start low and go slow,</p>

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<p style="text-align: right;">Page 498</p> <p>1 whether that would impact Opana ER doses greater 2 than 30 milligrams, and if yes, what portion of 3 the Opana ER revenues could be affected; that's 4 what she's asking about, right? 5 MR. LIMBACHER: Object to form. 6 THE WITNESS: You read that 7 correctly. That appears to be part of 8 her question. 9 BY MS. SCULLION: 10 Q. Right. 11 And she explains that the CDC 12 guidelines reference to start low and go slow 13 she explains, start low and go slow should 14 carefully reassess evidence of individual 15 benefits and risk when considering increasing 16 dosage to greater than or equal to 50 morphine 17 milligram equivalents (MME) a day and should 18 avoid increasing dosage to greater than or equal 19 to 90 MME a day or carefully justify a decision 20 to titrate dosage to greater than or equal to 90 21 MME a day, correct? 22 A. You read that correctly. 23 Q. And then you respond directly to 24 Ms. Mattox on the next page, E1573.3, correct?</p>	<p style="text-align: right;">Page 500</p> <p>1 veterans/families. 2 Did I read that correctly? 3 A. Yes, you did. 4 Q. And that's a reference to what we 5 saw earlier with respect to the changes to the 6 House and Senate bills, correct? 7 A. I can't draw that conclusion 8 here. I have to look back at the timing, so I'm 9 not completely sure. 10 Q. Okay. But, regardless, you are 11 reminding folks that, in fact, as Endo desired, 12 the VA/DOD removed the CDC guidelines from 13 consideration for active military and veterans 14 family, correct? 15 MR. LIMBACHER: Object to form. 16 THE WITNESS: Again, I'd have to 17 go back and tie this together in time 18 and process, but you read the sentence 19 accurately. 20 BY MS. SCULLION: 21 Q. Okay. And then if you go to the 22 next e-mail, which is from John Harlow, vice 23 president and general manager, pain business 24 unit, and his e-mail starts on page E1573.2 at</p>
<p style="text-align: right;">Page 499</p> <p>1 A. On 1573.3 in the middle, yes. 2 Q. Yes. 3 And one of the things that you 4 explain is at the very end of your e-mail, 5 "Although this is a relatively low margin 6 business, it accounts for a bit of share." 7 Do you see that? 8 A. Yes, you read that correctly. 9 Q. So you thought that it was 10 worthwhile investigating the potential impact of 11 the CDC guidelines on Endo's revenues for Opana 12 ER, correct? 13 MR. LIMBACHER: Object to form. 14 THE WITNESS: That's not what I 15 recall from reading that, no. 16 BY MS. SCULLION: 17 Q. In the same e-mail you do again 18 remind folks that thanks to Brian, which I 19 understand to be Brian Munroe, and the GA team, 20 that's the government affairs team, right? 21 A. Yeah, I think so. 22 Q. And the government affairs team, 23 the VA/DOD have expressly removed the guidelines 24 from consideration for active military and</p>	<p style="text-align: right;">Page 501</p> <p>1 the bottom and carries over to the top of 2 1573.3. Mr. Harlow is now writing to you and to 3 Ms. Mattox, correct? 4 A. And others. 5 Q. And Mr. Harlow explains that he 6 has reviewed the guidelines and some of the 7 noise around them, right? 8 A. Yes, you read that correctly. 9 Q. And one of the things he has 10 concluded, if you look in the second paragraph 11 of his e-mail, second sentence is "You have to 12 calculate the total daily spelling dose of OER 13 first, so these guidelines could impact the 20, 14 30 and 40 mg dosages," correct? 15 A. Yes, you read that correctly. 16 Q. And then if you go above that, 17 Ms. Mattox responds to Mr. Harlow, thanks for 18 the -- thanks. That clarification is helpful. 19 And she indicates that they will 20 look for the portion of revenues represented by 21 those dosages and will keep you posted regarding 22 final key messages, correct? 23 A. Yes, you read that correctly. 24 Q. And then above that, then, we</p>

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<p style="text-align: right;">Page 502</p> <p>1 have some beginning assessment of the potential</p> <p>2 impact with respect to those dosage forms. We</p> <p>3 have Mr. Chris Degnan -- is it Mr. or Ms.; do</p> <p>4 you know?</p> <p>5 A. That was Mr.</p> <p>6 Q. Mr. Chris Degnan is writing back</p> <p>7 to Kerry with an analysis of the 2015 actual</p> <p>8 Opana ER ex-factory units and net sales by</p> <p>9 strengths, correct?</p> <p>10 A. Yes, you read that correctly.</p> <p>11 Q. And what Mr. Degnan says a couple</p> <p>12 points to note are that the 30 and 40-milligram</p> <p>13 doses, which Mr. Harlow said could be impacted</p> <p>14 by the CDC guidelines, account for about 40% of</p> <p>15 the volume sold in 2015, correct?</p> <p>16 A. I'm sorry. Point me to that once</p> <p>17 again, please.</p> <p>18 Q. So we saw that Mr. Harlow had</p> <p>19 said that the dosages that could be impacted by</p> <p>20 the CDC guidelines were the 20, 30 and</p> <p>21 40-milligram dosages, correct. That was in the</p> <p>22 bottom e-mail at the bottom of E1573.2?</p> <p>23 A. Within those sold within this</p> <p>24 channel, I should point that out, within the</p>	<p style="text-align: right;">Page 504</p> <p>1 have expressly removed the guidelines from</p> <p>2 consideration for active military and veterans</p> <p>3 families. That's what you wrote on March 15th,</p> <p>4 2016, right?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 THE WITNESS: That's what's</p> <p>7 written here, but, again, as I've</p> <p>8 testified before, I don't recall how</p> <p>9 this lines up to the publication of the</p> <p>10 guidelines or when they were put into</p> <p>11 action. I'm not sure whether they were</p> <p>12 in place by then or not. I just don't</p> <p>13 recall, sitting here today.</p> <p>14 BY MS. SCULLION:</p> <p>15 Q. Regardless of when they were</p> <p>16 published, at this point in time as of</p> <p>17 March 2016, the VA/DOD had already removed those</p> <p>18 guidelines from its medical guidelines; that's</p> <p>19 what you were saying, right?</p> <p>20 MR. LIMBACHER: Object to form.</p> <p>21 THE WITNESS: No, that's not what</p> <p>22 I was saying. That's the point I'm</p> <p>23 trying to clarify. I don't know that.</p> <p>24 BY MS. SCULLION:</p>
<p style="text-align: right;">Page 503</p> <p>1 VA/DOD military channel.</p> <p>2 Q. Well, this is no longer just</p> <p>3 about the VA/DOD, right; this is about CDC</p> <p>4 guidelines, more generally?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 THE WITNESS: That's not how I</p> <p>7 recall it, no. That's not what I read.</p> <p>8 I read this as an approximation of the</p> <p>9 impact of the VA/DOD guidelines which</p> <p>10 are specifically for products sold</p> <p>11 within that distribution channel or that</p> <p>12 channel of business.</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. Well, if you go back to E 1573.3,</p> <p>15 your e-mail.</p> <p>16 A. Yes, in the middle.</p> <p>17 Q. Yeah, your e-mail is confirming</p> <p>18 that, in fact, by this point in 2016, the VA/DOD</p> <p>19 had already expressly removed the guidelines</p> <p>20 from consideration of active military and</p> <p>21 veteran families, right?</p> <p>22 A. It doesn't clearly indicate the</p> <p>23 timing.</p> <p>24 Q. I'm sorry. It says the VA/DOD</p>	<p style="text-align: right;">Page 505</p> <p>1 Q. Okay. In any event, going back</p> <p>2 to Mr. Degnan's e-mail at the top of E1573.2,</p> <p>3 he's conveying that of the dosage forms that</p> <p>4 Mr. Harlow indicates may be impacted by the CDC</p> <p>5 guidelines, that the 30 and 40-milligram doses</p> <p>6 account for about 40% of volume sold in 2015,</p> <p>7 right?</p> <p>8 MR. LIMBACHER: Object to form.</p> <p>9 THE WITNESS: And, again, I'm</p> <p>10 confused. There's really a missing</p> <p>11 piece of information in all of these</p> <p>12 e-mails, and that is to extent of which</p> <p>13 the measurement is relative to the</p> <p>14 VA/DOD distribution channel, which is a</p> <p>15 discrete channel of business versus all</p> <p>16 doses, so it's not clear.</p> <p>17 I would suspect that at the time</p> <p>18 everybody knew exactly how and what</p> <p>19 channel was being discussed at which</p> <p>20 point, but it's just not clear, and,</p> <p>21 sitting here today, I don't recall how</p> <p>22 that was being calculated.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Okay. You would agree that</p>

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<p style="text-align: right;">Page 506</p> <p>1 Mr. Degnan's e-mail doesn't reference the VA 2 channel, correct, doesn't say it's -- doesn't 3 say it's with respect to the VA channel, right? 4 MR. LIMBACHER: Object to form. 5 THE WITNESS: None of them 6 explicitly say that. That's why I'm 7 confused, and I don't recall exactly how 8 this was being characterized. 9 BY MS. SCULLION: 10 Q. And then if you go to first page 11 of Exhibit 45, looking now at Ms. Mattox's 12 March 16th e-mail responding to Mr. Degnan's, 13 she is now drafting key messages with respect to 14 the CDC guidelines, correct? 15 A. She is, yes. 16 Q. Okay. And among the key messages 17 that she has drafted here, if you look at the 18 second bullet point under her second paragraph 19 is "These guidelines could potentially affect 20 Endo's opioid product portfolio," correct? 21 A. Yes. 22 Q. And she says underneath of that 23 that she does not anticipate a material impact 24 to Schedule III Belbuca, right?</p>	<p style="text-align: right;">Page 508</p> <p>1 MS. SCULLION: Because we spent 2 some of that time, unfortunately, on 3 colloquy about the scope of the 4 30(b)(6), and we are trying to be finish 5 up this issue. We're trying to be 6 efficient and get through it. We're in 7 the middle of it so I think it would be 8 much more efficient. 9 MR. LIMBACHER: Are you close to 10 finishing? 11 MS. SCULLION: Yes, we are. 12 (Document marked for 13 identification as Endo-Lortie Deposition 14 Exhibit No. 46.) 15 BY MS. SCULLION: 16 Q. I'll show you what's been marked 17 as Exhibit Number 46. 18 Exhibit 46 is Bates stamped 19 ENDO-OPIOID_MDL-01230052, and it says in the 20 upper right-hand corner E1559.1. 21 Are we on the same page? 22 A. Yes, we are indeed. 23 Q. Okay. And here if you'll go to 24 page E1559.3, which is the beginning of -- at</p>
<p style="text-align: right;">Page 507</p> <p>1 A. That's what's written, yes. 2 Q. Okay. But the key message with 3 respect to Opana ER that she writes here is 4 "Opana ER indicated 'for the management of pain 5 severe enough to require daily, 6 around-the-clock, long-term opioid treatment and 7 for which alternative treatment options are 8 inadequate'; doses most likely to be affected 9 are the 20 mg, 30 mg and 40 mg doses, which made 10 up 65% of product volume and 83% of product 11 revenue in 2015." 12 Did I read that correctly? 13 A. Yes, you did. 14 MS. SCULLION: Can I have E1559. 15 MR. LIMBACHER: Counsel, we've 16 been going for -- 17 MS. SCULLION: This is all part 18 of the same topic, we will finish it up. 19 MR. LIMBACHER: Well, 20 respectfully, I'd like to take a break. 21 Is there a reason why you're not 22 accommodating the hourly request for a 23 break. We're now approximately 20 24 minutes past an hour.</p>	<p style="text-align: right;">Page 509</p> <p>1 the bottom the beginning of Andrew Scott's 2 e-mail of July 7th, 2016 to you, Mr. Campanelli 3 and others, which carries over to page E1559.4? 4 A. Okay. I will just look at it, if 5 I can. 6 Q. Sure. 7 A. (Witness reviews document.) 8 Okay. I have looked at that e-mail. I have to 9 refer to others but if you're going to point me 10 towards that one -- 11 Q. Sure. 12 A. -- I've looked it over. Thank 13 you. 14 Q. I'm going to the second page 15 E1559.4, the second half of Mr. Scott's e-mail, 16 where he is conveying the significant successes 17 Endo has achieved on the conference legislation. 18 It's referring to Comprehensive Addiction and 19 Recovery Act, and he says that those significant 20 successes Endo has achieved include, first one, 21 "We defeated an effort to make the CDC 22 guidelines mandatory - they instead remain 23 voluntary," correct? 24 A. You read that correctly, yes.</p>

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<p>1 Q. Okay. So Endo had significant</p> <p>2 success in not having CDC guidelines be</p> <p>3 mandatory.</p> <p>4 Number 3 he lists here is</p> <p>5 defeating an effort by senator Baldwin and</p> <p>6 Gillibrand to broaden the CDC guidelines to</p> <p>7 include acute pain. That was another</p> <p>8 significant success, according to Mr. Scott,</p> <p>9 correct?</p> <p>10 A. Yes, according to Mr. Scott, you</p> <p>11 read that correctly.</p> <p>12 Q. Okay. And then another</p> <p>13 significant success Mr. Scott conveys is to help</p> <p>14 pass a new model opioid guideline development</p> <p>15 process.</p> <p>16 Do you see that, number 4?</p> <p>17 A. Number 4 I read, "We were key in</p> <p>18 helping to pass a new model opioid guidelines</p> <p>19 development process that is open and includes</p> <p>20 the input of a broad range of government and</p> <p>21 external stakeholders."</p> <p>22 Q. Right, and he goes on to explain</p> <p>23 that the expectation is that this new process</p> <p>24 will -- right, "will compete with the CDC</p>	<p>1 significant successes for Endo, right?</p> <p>2 A. Well, specifically, I'm happy to</p> <p>3 read what I wrote. "Andrew and team" --</p> <p>4 Q. I didn't ask -- I'm sorry. I'm</p> <p>5 just asking did you --</p> <p>6 A. "Truly excellent work across an</p> <p>7 impressive set of accomplishments."</p> <p>8 MS. SCULLION: I move to strike.</p> <p>9 I didn't ask him to read the e-mail.</p> <p>10 MR. LIMBACHER: Complete your</p> <p>11 response.</p> <p>12 THE WITNESS: You asked me to</p> <p>13 characterize the response and how I</p> <p>14 viewed his document. I'd like to read</p> <p>15 what I wrote him.</p> <p>16 BY MS. SCULLION:</p> <p>17 Q. That's fine, you can read it.</p> <p>18 A. "Andrew and team, truly excellent</p> <p>19 work across an impressive set of</p> <p>20 accomplishments. As we've stated many times, as</p> <p>21 a company we are supportive of treatment and</p> <p>22 therapeutic guidelines that balance the needs of</p> <p>23 all stakeholders - most importantly patients and</p> <p>24 the physicians who treat them. Your work to</p>
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<p>1 guidelines."</p> <p>2 Do you see that?</p> <p>3 A. The second sentence reads, "This</p> <p>4 new process is supported by patient and</p> <p>5 physician groups, and we expect will compete</p> <p>6 with the CDC guidelines."</p> <p>7 Q. Right. So among the significant</p> <p>8 successes are CDC guidelines are no longer</p> <p>9 mandatory, they're not being broadened to</p> <p>10 include acute pain, and there's going to be an</p> <p>11 attempt to develop a competing set of guidelines</p> <p>12 to the CDC, correct?</p> <p>13 MR. LIMBACHER: Object to form.</p> <p>14 THE WITNESS: You read into the</p> <p>15 record what Andrew Scott wrote here, and</p> <p>16 I agree with what you read.</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. And if you go back to then page</p> <p>19 E1559.3, you see your response to Mr. Scott?</p> <p>20 A. At the top?</p> <p>21 Q. Yes.</p> <p>22 A. Yes.</p> <p>23 Q. And you're not disputing</p> <p>24 Mr. Scott's assessment that these were</p>	<p>1 ensure checks and balances against purely</p> <p>2 political agendas is much appreciated."</p> <p>3 Q. So you didn't disagree with him</p> <p>4 that what he recited were significant successes</p> <p>5 for Endo, correct?</p> <p>6 MR. LIMBACHER: Object to form.</p> <p>7 THE WITNESS: Correct.</p> <p>8 BY MS. SCULLION:</p> <p>9 Q. And, in fact, you characterized</p> <p>10 the agendas against which Endo was successful as</p> <p>11 purely political, right?</p> <p>12 MR. LIMBACHER: Object to form,</p> <p>13 misstates the evidence.</p> <p>14 THE WITNESS: Yeah, I can read it</p> <p>15 again if you'd like.</p> <p>16 BY MS. SCULLION:</p> <p>17 Q. That's okay.</p> <p>18 Did you regard the efforts to</p> <p>19 have the CDC guidelines become mandatory as</p> <p>20 purely political?</p> <p>21 MR. LIMBACHER: Object to form.</p> <p>22 THE WITNESS: I don't recall</p> <p>23 specifically, no.</p> <p>24 BY MS. SCULLION:</p>

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<p>1 Q. Did you regard the efforts to</p> <p>2 broaden the CDC guidelines to include acute pain</p> <p>3 as a purely political agenda?</p> <p>4 MR. LIMBACHER: Object to form.</p> <p>5 THE WITNESS: I don't recall</p> <p>6 specifically.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Let me just ask you more</p> <p>9 generally.</p> <p>10 Did you regard anything -- any</p> <p>11 efforts with respect to developing guidelines</p> <p>12 for the use of opioids in the treatment of</p> <p>13 chronic, non-cancer pain to be a purely</p> <p>14 political agenda?</p> <p>15 MR. LIMBACHER: Object to form.</p> <p>16 THE WITNESS: I don't recall</p> <p>17 specifically, no.</p> <p>18 BY MS. SCULLION:</p> <p>19 Q. What was the purely political</p> <p>20 agendas that you were referring to here in your</p> <p>21 e-mail?</p> <p>22 A. I don't recall specifically, but</p> <p>23 I'm congratulating the work of the team on</p> <p>24 behalf of -- you know, as I said, guidelines</p>	<p>1 identification as Endo-Lortie Deposition</p> <p>2 Exhibit No. 47.)</p> <p>3 BY MS. SCULLION:</p> <p>4 Q. Mr. Lortie, let's put your</p> <p>5 corporate representative hat back on.</p> <p>6 And Endo did, in fact,</p> <p>7 collaborate with other manufacturers of opioids,</p> <p>8 including defendants in this action, through the</p> <p>9 PCF in opposing implementation of the CDC</p> <p>10 guidelines, correct?</p> <p>11 MR. LIMBACHER: Object to form</p> <p>12 and object to the extent it falls</p> <p>13 outside of the scope of the topics on</p> <p>14 which he's been designated.</p> <p>15 THE WITNESS: I don't believe</p> <p>16 that to be the case, no.</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. Show you what's been marked as</p> <p>19 Exhibit 47.</p> <p>20 And Exhibit 47, for the record,</p> <p>21 is Bates stamped ENDO-OPIOID_MDL-01563548.</p> <p>22 Let me direct your attention to</p> <p>23 the second to last page of Exhibit 47, which has</p> <p>24 in the middle an e-mail from Wade Delk to Burt</p>
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<p>1 that balance the need of all stakeholders.</p> <p>2 MR. LIMBACHER: I thought we were</p> <p>3 stopping after this.</p> <p>4 MS. SCULLION: This is all part</p> <p>5 of the same.</p> <p>6 MR. TOLIN: I think, in fairness,</p> <p>7 when the witness is reading from other</p> <p>8 parts of the document but your tech guy</p> <p>9 is just highlighting the parts you're</p> <p>10 reading, he should also highlight the</p> <p>11 parts --</p> <p>12 MS. SCULLION: I agree with that.</p> <p>13 The intention is that he should be</p> <p>14 highlighting whatever the witness is</p> <p>15 reading. Thank you.</p> <p>16 MR. TOLIN: Thank you.</p> <p>17 MR. LIMBACHER: Again, we've now</p> <p>18 been going for an hour and a half.</p> <p>19 MS. SCULLION: This is the last</p> <p>20 document.</p> <p>21 MR. LIMBACHER: Okay, thank you.</p> <p>22 MS. SCULLION: This is the last</p> <p>23 document in this sequence.</p> <p>24 (Document marked for</p>	<p>1 Rosen, subject matter, Brooks bill.</p> <p>2 Do you see that?</p> <p>3 A. And just so I'm clear, this one</p> <p>4 is not intended to have a marking.</p> <p>5 Q. Correct, it doesn't an E number</p> <p>6 at the top, that's right.</p> <p>7 A. So you want me to look at the</p> <p>8 third page.</p> <p>9 Q. Looking at the Wade Delk e-mail</p> <p>10 to Burt Rosen, subject matter, Brooks bill?</p> <p>11 A. Yes, okay.</p> <p>12 Q. Do you see that?</p> <p>13 A. Yes, on February 12th.</p> <p>14 Q. 2016?</p> <p>15 A. Yes.</p> <p>16 Q. And Mr. Rosen was an employee of</p> <p>17 Purdue Pharma, correct?</p> <p>18 A. Well, his e-mail is pharma.com,</p> <p>19 and I believe that is a Purdue e-mail, so yes.</p> <p>20 Q. And Mr. Delk, in writing to</p> <p>21 Mr. Rosen, states "Burt, can you please send</p> <p>22 this out to the PCF."</p> <p>23 Do you see that?</p> <p>24 A. Yes.</p>

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<p style="text-align: right;">Page 518</p> <p>1 Q. And it's with regard to, he says, 2 "This bill is moving fast and we would like to 3 see if others support this approach." 4 Do you see that? 5 A. Yes, that's -- you read that 6 correctly. 7 Q. And the bill that he is referring 8 to, if you go down to his -- the draft he has 9 addressed to the Pain Care Forum members, he is 10 discussing "The below amendment (which passed 11 the Senate Judiciary Committee) would codify 12 essentially the Brooks language (HR 2805) which 13 many of us have been supportive of. That is, we 14 support guidelines as long as they are fair, 15 balanced, constructed in an unbiased way, and 16 done with evidence and data. Importantly, the 17 committee added FDA to the list of advisory 18 groups, and it also added language that the 19 proposed CDC guidelines be considered along with 20 all of the other information/perspectives 21 offered by the entire task force and its 22 participants," correct? 23 MR. LIMBACHER: Object to all of 24 these questions as falling outside the</p>	<p style="text-align: right;">Page 520</p> <p>1 Q. The very first page of Exhibit 2 47, 0156345 -- 3548, rather. 3 A. The top page. 4 Q. Yeah. Do you see at the bottom 5 it begins -- it's an e-mail from Burt Rosen, as 6 you said, at pharma.com, right? 7 A. Yes, that's where it says "begin 8 forwarded message"? 9 Q. Right. 10 A. Yeah. 11 Q. And Mr. Rosen has addressed his 12 e-mail to a quite lengthy list of folks. 13 A. It's the entirety of the second 14 page. 15 Q. Correct. And among the people to 16 whom he's forwarding the e-mail, if you look at 17 the third line down on that second page, it's 18 all the e-mail addresses is Brian Munroe at 19 Endo, correct? 20 A. Give me a moment. 21 Q. Sure. 22 A. There's a lot here. 23 Q. They appear to be in alphabetical 24 order by first name?</p>
<p style="text-align: right;">Page 519</p> <p>1 scope of the topics on which he's been 2 designated. There is no specific 3 reference to the Pain Care Forum in 4 topic 39. It is specifically referenced 5 in both topic 36 and topic 40, so I 6 believe it's outside the scope of the 7 topic on which he has been designated. 8 BY MS. SCULLION: 9 Q. I'm happy to have you answer 10 these questions in your personal capacity 11 because you're on these e-mails. 12 Did I correctly read Mr. Delk's 13 draft communication to the Pain Care Forum 14 members? 15 A. Yes, and do we know who Mr. Delk 16 is? His e-mail is just at Gmail address, so I 17 don't recognize that name. I don't know who he 18 is. 19 Q. I do not know. 20 In any event, if you go then to 21 the -- turning to the next e-mail in Exhibit 47, 22 it actually begins on the very first page of the 23 exhibit. 24 A. First page back in time?</p>	<p style="text-align: right;">Page 521</p> <p>1 A. That's an interesting way. Okay, 2 yes, I see Brian Munroe listed there. 3 Q. And do you see right next to 4 Brian Munroe, Bruce Colligen with an e-mail 5 address at jnj.com? 6 A. Its.jnj.com, yep. 7 Q. Right, and jnj, that would be 8 Janssen and Johnson, right? 9 A. I'm not sure. Did you say 10 Janssen Johnson or Johnson &amp; Johnson. 11 Q. Johnson &amp; Johnson. 12 A. It could be, it's jnj, but I'm 13 not sure. 14 Q. And if you'll go down, look on 15 the left-hand side of this block of e-mails, you 16 see about a quarter of the way down, Derek Naten 17 at Mallinckrodt.com? 18 A. Yes, on the left-hand side, yes, 19 I do see that. 20 Q. All right. And, obviously, 21 that's referring then to Mallinckrodt, correct? 22 A. It's a Mallinckrodt e-mail 23 address. 24 Q. Right. Mallinckrodt is another</p>

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<p style="text-align: right;">Page 522</p> <p>1 defendant in this lawsuit. You understand that,</p> <p>2 correct?</p> <p>3 A. I'm not familiar with all of the</p> <p>4 defendants in the lawsuit.</p> <p>5 Q. And right under, if you just go</p> <p>6 right under Mr. Naten's e-mail, you see</p> <p>7 Alexander Kraus at Grunenthal.com.</p> <p>8 Do you see that?</p> <p>9 A. Yes, I do.</p> <p>10 Q. And Grunenthal had been Endo's</p> <p>11 partner in the development of reformulated Opana</p> <p>12 ER, correct?</p> <p>13 MR. LIMBACHER: Object to form.</p> <p>14 THE WITNESS: That's correct.</p> <p>15 BY MS. SCULLION:</p> <p>16 Q. Okay. Keep going down in that</p> <p>17 left-hand side of this block, you'll see Dr. J.</p> <p>18 David Haddox at pharma.com. Do you see that?</p> <p>19 A. How far down am I?</p> <p>20 Q. Not too far down, about five, six</p> <p>21 lines below, Dr. J David Haddox at pharma.com?</p> <p>22 A. Below Grunenthal.</p> <p>23 Q. Correct?</p> <p>24 A. Yes, I see that.</p>	<p style="text-align: right;">Page 524</p> <p>1 Q. Correct. You see that?</p> <p>2 A. Yes, yes.</p> <p>3 Q. And that lists again an address</p> <p>4 at its.jnj.com?</p> <p>5 A. Yes, it does.</p> <p>6 Q. And, in fact, the next two -- I'm</p> <p>7 sorry -- the next e-mail Lauryl Jackson is also</p> <p>8 for its.jnj.com?</p> <p>9 A. On the next line?</p> <p>10 Q. Right.</p> <p>11 A. Yes, correct.</p> <p>12 Q. If you'll go to the next page of</p> <p>13 the exhibit, the end of the next page of the</p> <p>14 exhibit, at the top is the end of the chain of</p> <p>15 e-mails to which Mr. Rosen has forwarded this</p> <p>16 communication?</p> <p>17 A. So I'm at the top of the third</p> <p>18 page now?</p> <p>19 Q. Correct. You see Susan Stone at</p> <p>20 Allergan.com?</p> <p>21 A. Stone_Susan at Allergan, yes, I</p> <p>22 see that.</p> <p>23 Q. So that's -- obviously, that's an</p> <p>24 Allergan e-mail address, correct?</p>
<p style="text-align: right;">Page 523</p> <p>1 Q. And so, again, that's a Purdue</p> <p>2 Pharma e-mail address, correct?</p> <p>3 A. I believe pharma.com is their</p> <p>4 e-mail address.</p> <p>5 Q. Okay. If you go to about halfway</p> <p>6 down on the left-hand side, halfway down this</p> <p>7 block of e-mails, you also see Julian Malasi at</p> <p>8 Mallinckrodt.com?</p> <p>9 A. Yes, I see that.</p> <p>10 Q. And staying on that same line on</p> <p>11 the right-hand side, do you see the e-mail is</p> <p>12 also addressed to Karen Hill at tevapharm.com?</p> <p>13 A. Same line, yes. Yes, I see that.</p> <p>14 Q. And going down, follow down from</p> <p>15 Ms. Hill's e-mail, four lines down, do you see</p> <p>16 Kristin Recchiuti?</p> <p>17 A. I'm sorry to say I lost my place.</p> <p>18 Can you just reorient me.</p> <p>19 Q. Sure. If you look at Ms. Hill's</p> <p>20 address, Karen Hill.</p> <p>21 A. Okay, yes.</p> <p>22 Q. And then go about four lines</p> <p>23 down, you see Kristin Recchiuti?</p> <p>24 A. On the right side.</p>	<p style="text-align: right;">Page 525</p> <p>1 A. It says Susan underscore -- or it</p> <p>2 has Allergan.com, and that's the only conclusion</p> <p>3 I'm going to be able to draw.</p> <p>4 Q. Okay. And then Mr. Rosen writes</p> <p>5 here that the request is from Wade, that would</p> <p>6 be Wade Delk, and he identifies Wade Delk as</p> <p>7 being from the American Society for Pain</p> <p>8 Management Nursing.</p> <p>9 Do you see that?</p> <p>10 MR. LIMBACHER: Object to form.</p> <p>11 THE WITNESS: So I'm still on the</p> <p>12 top of the third page?</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. Yes.</p> <p>15 A. So this is -- I'm just reminding</p> <p>16 myself. So this all relates to the forwarded</p> <p>17 message from Burt Rosen at pharma.com on the</p> <p>18 first page, right? I'm just making sure.</p> <p>19 Q. That's how I read it, yes. Is</p> <p>20 that how you read it?</p> <p>21 A. It's just a very long set of</p> <p>22 addresses.</p> <p>23 Q. It is.</p> <p>24 A. Yes, okay. It appears to be what</p>

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<p style="text-align: right;">Page 526</p> <p>1 it is, yes.</p> <p>2 Q. Okay. And then going to the</p> <p>3 first page of the exhibit, which is Bates</p> <p>4 stamped 01563548?</p> <p>5 A. Before I do, I think you read --</p> <p>6 I just want to make sure we're correct, so you</p> <p>7 talked about the bill -- or sorry -- the subject</p> <p>8 of the e-mail from Burt Rosen to the long number</p> <p>9 of addressees, and then it says "Please see this</p> <p>10 request from Wade at the American Society for</p> <p>11 Pain Management Nursing. Wade is requesting a</p> <p>12 timely reply from your organization." Is that</p> <p>13 the -- that's what you wanted me to see, right?</p> <p>14 Q. Right. I want to see that that's</p> <p>15 identifying -- you asked who Mr. Delk was, and</p> <p>16 it's identifying him as being from the American</p> <p>17 Society For Pain Management Nursing.</p> <p>18 A. Thank you. Yep.</p> <p>19 Q. Do you see that?</p> <p>20 A. Yes.</p> <p>21 Q. And then on the very first page</p> <p>22 of the exhibit, you see that -- so Mr. Munroe</p> <p>23 has forwarded this communication to you, among</p> <p>24 others, at Endo, correct?</p>	<p style="text-align: right;">Page 528</p> <p>1 MR. LIMBACHER: Thank you.</p> <p>2 THE VIDEOGRAPHER: Off the</p> <p>3 record, 4:16.</p> <p>4 (Brief recess.)</p> <p>5 THE VIDEOGRAPHER: We are back on</p> <p>6 the record at 4:33.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Mr. Lortie, asking you in your</p> <p>9 capacity as a corporate representative, with</p> <p>10 respect to the effectiveness of Endo's</p> <p>11 anti-diversion procedures, did Endo ever</p> <p>12 determine that any prescriptions of Opana ER</p> <p>13 were medically unnecessary?</p> <p>14 A. Is your question did Endo ever</p> <p>15 determine that any individual prescription was</p> <p>16 medically unnecessary?</p> <p>17 Q. We can start with that.</p> <p>18 A. I'm not aware of whether the</p> <p>19 company did or did not. That's a level of</p> <p>20 detail I'm not familiar with.</p> <p>21 Q. Same question, though, but with</p> <p>22 respect to did Endo -- strike that.</p> <p>23 Did Endo ever determine that any</p> <p>24 prescriptions of Opana ER were medically</p>
<p style="text-align: right;">Page 527</p> <p>1 A. Munroe to me and others, yes.</p> <p>2 Q. And your response at the very top</p> <p>3 of the page, Exhibit 47, was what?</p> <p>4 A. I sent a note to Brian, Deb</p> <p>5 Logan, Neil Shusterman, Matt Maletta, Jen Dubas,</p> <p>6 John Harlow, Timothy Byrne, Keri Mattox and</p> <p>7 Andrew Scott, and I wrote "well done."</p> <p>8 Q. So you're congratulating</p> <p>9 Mr. Munroe on this coordinated effort through</p> <p>10 the Pain Care Forum members to communicate their</p> <p>11 opposition to implementation of the CDC</p> <p>12 guidelines as set forth in the draft</p> <p>13 communication we looked at, the last two pages</p> <p>14 of the exhibit?</p> <p>15 MR. LIMBACHER: Object to form.</p> <p>16 THE WITNESS: Is that a question?</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. Is that what you were</p> <p>19 congratulating him on?</p> <p>20 A. No, I don't believe that's the</p> <p>21 case. I can't draw that conclusion from reading</p> <p>22 what you've presented to me.</p> <p>23 MS. SCULLION: Okay. We can take</p> <p>24 a break.</p>	<p style="text-align: right;">Page 529</p> <p>1 unnecessary at some higher level, not just</p> <p>2 individually, but at a higher level?</p> <p>3 MR. LIMBACHER: Object to form.</p> <p>4 THE WITNESS: Yes, I'm sure that</p> <p>5 there were cases that would fall under</p> <p>6 that heading, yes.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Does Endo have records indicating</p> <p>9 findings that certain cases I think as you said</p> <p>10 were determined to be medically unnecessary?</p> <p>11 MR. LIMBACHER: Object to form.</p> <p>12 THE WITNESS: I don't know</p> <p>13 specifically, but I would -- I would</p> <p>14 think that our pharmacovigilance and</p> <p>15 drug safety department would have</p> <p>16 maintained such records.</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. Did you review any such records</p> <p>19 in preparation for today's deposition?</p> <p>20 A. No, not specifically at that</p> <p>21 level of detail, no.</p> <p>22 Q. Okay. As part of Endo's</p> <p>23 anti-diversion efforts, did Endo monitor for</p> <p>24 signals that Opana ER had street value?</p>

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<p style="text-align: right;">Page 530</p> <p>1 MR. LIMBACHER: Object to form.  2 THE WITNESS: I believe that  3 whether it was actively -- as a result  4 of active monitoring or as a result  5 of -- well, let me restate that.  6 As part of the internet  7 surveillance and other surveillance of  8 media and chat rooms and the like that  9 are part of the RiskMAP and subsequently  10 added to by the REMS, that that was part  11 of what the team did, and then those  12 things were reviewed at the -- my  13 understanding is reviewed at the Risk  14 Management Committee level.  15 BY MS. SCULLION:  16 Q. And in terms of the effectiveness  17 of Endo's procedures you just described, did  18 Endo, in fact, see evidence that Opana ER had a  19 street value?  20 MR. LIMBACHER: Object to form  21 and to the extent it falls outside the  22 scope of the topics he's been  23 designated.  24 THE WITNESS: Yeah, my answer was</p>	<p style="text-align: right;">Page 532</p> <p>1 early on had street value?  2 MR. LIMBACHER: Object to form.  3 THE WITNESS: I don't recall that  4 specifically. I didn't sit on that  5 committee, so I, you know, wasn't  6 familiar with that.  7 MS. SCULLION: Can I have E1585,  8 please.  9 (Document marked for  10 identification as Endo-Lortie Deposition  11 Exhibit No. 48.)  12 BY MS. SCULLION:  13 Q. I'm going to hand you what's been  14 marked as Exhibit Number 48.  15 And Exhibit 48 is Bates stamped  16 ENDO-OPIOID_MDL-00774063, and we've marked it  17 E1585 in the top right-hand corner.  18 Mr. Munroe, I'd like to direct  19 your attention to page E1585.3.  20 A. I think you mean Mr. Lortie but  21 --  22 Q. I am so sorry.  23 A. He's the other Brian.  24 Q. Thank you, Mr. Lortie. I direct</p>
<p style="text-align: right;">Page 531</p> <p>1 regarding the question of did Endo  2 monitor for that.  3 BY MS. SCULLION:  4 Q. Yes.  5 A. And the answer was yes. Beyond  6 that, I don't know.  7 Q. That's what I'm asking. In terms  8 of understanding the effectiveness of its  9 monitoring, do you know whether those -- that  10 monitoring was, in fact, effective to pick up  11 signals that Opana ER had street value?  12 MR. LIMBACHER: Same objections.  13 THE WITNESS: I don't know. I  14 mean, the monitoring was done. I'm not  15 sure how you quantify effectiveness of  16 monitoring. By virtue of monitoring,  17 you see things that are posted, and  18 that's reviewed by the Risk Management  19 Committee, but I don't know beyond that  20 how to quantify the effectiveness in  21 that context.  22 BY MS. SCULLION:  23 Q. Do you understand, though, that  24 Endo did, in fact, see evidence that Opana ER</p>	<p style="text-align: right;">Page 533</p> <p>1 your attention to page E1585.3. You see at the  2 bottom, there's an e-mail from John Bullock to  3 Sherri Ferstler. And the content of that e-mail  4 starts at the bottom of 1585.3 and continues all  5 the way through 1585.5. I just want to orient  6 you to the document.  7 MR. LIMBACHER: Are we asking him  8 now in his capacity as a fact witness?  9 MS. SCULLION: Sure.  10 THE WITNESS: Okay. So I see  11 that e-mail that starts on the bottom of  12 1585.3. Would you like me to read that?  13 BY MS. SCULLION:  14 Q. Sure. You can go ahead and read  15 through that.  16 A. Okay. Thank you. Give me a  17 moment to do that.  18 (Witness reviews document.)  19 Okay. I've read that e-mail. Thank you.  20 Q. Okay. And do you see the e-mail  21 is forwarding on an article from the Paducah Sun  22 dated December 10th, 2007 concerning an overdose  23 death being investigated by the Marshall  24 sheriff's office?</p>

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<p style="text-align: right;">Page 534</p> <p>1 A. Yes, December 10th is on the next 2 page. 3 Q. Right. 4 A. It evidently refers to it in the 5 e-mail as December 11th, but, yes, it appears to 6 be following -- sorry -- forwarding along that 7 newspaper article. 8 Q. And if you go down on page 1585.4 9 within the body of the article, go towards the 10 last quarter of that page where it begins the 11 words Miranda Minter-Banister. 12 Do you see that? 13 A. Yes, I do. 14 Q. Do you see this is conveying that 15 Miranda Minter-Banister, age 27, of Benton, 16 Kentucky died at her home and it was after using 17 an Opana pill purchased, says Minter-Banister 18 bought a second Opana pill for \$30 from 19 Spiceland that Minter-Banister and her husband 20 later inhaled. 21 Do you see that? 22 MR. LIMBACHER: Object to form. 23 THE WITNESS: I mean, you've 24 picked a couple of lines out of that --</p>	<p style="text-align: right;">Page 536</p> <p>1 Q. Yeah. 2 A. It has the words stop sign in 3 quotation marks. 4 Q. Right. So by this time Opana -- 5 at least by this time, Opana is not only being 6 sold but, in fact, has a street name; that's 7 what the article is conveying, right? 8 MR. LIMBACHER: Object to form. 9 THE WITNESS: It is -- it is 10 suggesting that for some reason the 11 author is reporting that it goes by the 12 street name stop sign. That's what it 13 says. 14 BY MS. SCULLION: 15 Q. And you saw other similar media 16 reports during your time at Endo, correct, 17 conveying that Opana ER was being bought and 18 sold on the street, had street value, had a 19 street name, was resulting in overdose deaths, 20 correct? 21 MR. LIMBACHER: Object to form 22 and foundation. 23 THE WITNESS: I don't recall 24 that. That was certainly not a regular</p>
<p style="text-align: right;">Page 535</p> <p>1 out of that paragraph, but I see where 2 you're reading that, yes. 3 BY MS. SCULLION: 4 Q. So this is referring to a 5 purchase of Opana other than through a 6 prescription, correct? 7 A. It could be. I mean, I'm reading 8 it at the same time you are. 9 Q. Right. It's referring to someone 10 buying an Opana pill from another person, a 11 neighbor or a friend, correct? 12 MR. LIMBACHER: Object to form. 13 THE WITNESS: It appears that 14 that could be the case. 15 BY MS. SCULLION: 16 Q. Okay. And then if you go right 17 above that paragraph, you see the paragraph that 18 says Opana is similar to the painkiller 19 OxyContin and it goes by the street name. 20 And what's the street name 21 indicated here for Opana? 22 A. You're asking me that? 23 Q. Yeah. 24 A. You'd like me to read that?</p>	<p style="text-align: right;">Page 537</p> <p>1 part of my responsibilities. 2 BY MS. SCULLION: 3 Q. You don't recall ever seeing any 4 media reports about Opana ER contributing to the 5 opioid epidemic? 6 A. From time to time I'm sure things 7 were forwarded along, as this one appears to 8 have been. This one actually predates me by 9 some time, but I don't recall any specific ones, 10 and it was not a routine part of my job 11 responsibilities to review media reports. 12 Q. And you recall, though, that you 13 were employed by Endo in 2011, correct? 14 A. Yes. 15 Q. And where was your office? 16 A. In 2011 where was my office? It 17 was in -- 18 Q. What town? 19 A. Chaddsford. 20 Q. Pennsylvania? 21 A. Yes. 22 Q. That's just outside of 23 Philadelphia? 24 A. It's 15 or 20 miles outside of</p>

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<p style="text-align: right;">Page 538</p> <p>1 Philadelphia.</p> <p>2 Q. And do you recall in 2011 that</p> <p>3 the Philadelphia office of the DEA specifically</p> <p>4 issued an alert with respect to Opana's -- Opana</p> <p>5 ER's street use and its contribution to the</p> <p>6 opioid epidemic?</p> <p>7 MR. LIMBACHER: Object to form.</p> <p>8 THE WITNESS: Do I recall that?</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. Yes.</p> <p>11 A. I do not recall that.</p> <p>12 MS. SCULLION: Can I have E563,</p> <p>13 please.</p> <p>14 (Document marked for</p> <p>15 identification as Endo-Lortie Deposition</p> <p>16 Exhibit No. 49.)</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. I hand you what's been marked as</p> <p>19 Exhibit Number 49.</p> <p>20 And Exhibit 49 is Bates stamped</p> <p>21 ENDO-OR-CID-00694084. And, Mr. Lortie, it bears</p> <p>22 number E563 at the top right-hand corner,</p> <p>23 correct?</p> <p>24 A. Yes, I have that document.</p>	<p style="text-align: right;">Page 540</p> <p>1 says, "Summary, the Philadelphia Division</p> <p>2 Intelligence Program received information on a</p> <p>3 possible emerging trend in the region;</p> <p>4 Oxymorphone (brand name Opana) has been reported</p> <p>5 by several sources of information as the 'big</p> <p>6 thing right now' in pharmaceutical drug abuse in</p> <p>7 the region."</p> <p>8 Q. And Endo was aware in at least</p> <p>9 May 2011 that, in fact, Opana ER was being</p> <p>10 reported as the big thing right now in</p> <p>11 pharmaceutical drug abuse, at least in the</p> <p>12 Philadelphia region; is that correct?</p> <p>13 MR. LIMBACHER: Object to form</p> <p>14 and foundation.</p> <p>15 THE WITNESS: So I have not seen</p> <p>16 this before. At least I don't recall</p> <p>17 seeing it before, so I can't attest to</p> <p>18 whether or not the company saw this.</p> <p>19 I can say that I don't recognize</p> <p>20 seeing it.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. You don't recall ever, as someone</p> <p>23 with commercial responsibility for Opana ER in</p> <p>24 May of 2011, ever being told that the</p>
<p style="text-align: right;">Page 539</p> <p>1 Q. Okay. In 2011 did you have any</p> <p>2 responsibilities as part of your product</p> <p>3 portfolio for Opana ER?</p> <p>4 A. I had commercial</p> <p>5 responsibilities, yes, I think we've already</p> <p>6 established that.</p> <p>7 Q. If you go to page E563.2, do you</p> <p>8 see this is a Drug Intelligence Brief from the</p> <p>9 Philadelphia Division Intelligence Program for</p> <p>10 Drug Enforcement Administration?</p> <p>11 A. That's how it's titled, yes. I</p> <p>12 see that on the top of the document.</p> <p>13 Q. And what is the title of this</p> <p>14 Drug Intelligence Brief itself?</p> <p>15 A. Underneath the header that says</p> <p>16 "Drug Intelligence Brief," it says "Opana</p> <p>17 (Oxymorphone) Abuse."</p> <p>18 Q. And can you read the summary of</p> <p>19 this Drug Intelligence Brief, please.</p> <p>20 A. You'd like me to read what the</p> <p>21 summary statement is?</p> <p>22 Q. Yeah, what the DEA has stated in</p> <p>23 its summary here?</p> <p>24 A. So underneath the headline it</p>	<p style="text-align: right;">Page 541</p> <p>1 Philadelphia Division Intelligence Program, the</p> <p>2 DEA was issuing a brief indicating that the</p> <p>3 product you had commercial responsibility for</p> <p>4 was the big thing right now in pharmaceutical</p> <p>5 drug abuse in the region?</p> <p>6 MR. LIMBACHER: Object to form.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. It never came to your attention?</p> <p>9 A. I don't recall seeing this, no.</p> <p>10 Q. Okay. And among other things,</p> <p>11 this Drug Intelligence Brief confirms, if you</p> <p>12 look in the details section below the summary --</p> <p>13 A. Still on the same page, .2?</p> <p>14 Q. Correct.</p> <p>15 You see the details section</p> <p>16 confirms that not only is Opana being reported</p> <p>17 as of May 2011 as the big thing right now in</p> <p>18 pharmaceutical drug abuse, but that "in the</p> <p>19 early 1970s, oxymorphone in the form of</p> <p>20 Numorphan instant-release tablets was one of the</p> <p>21 most sought-after and well-regarded opioids of</p> <p>22 the class IV community."</p> <p>23 Do you see that?</p> <p>24 A. Yes, I see the sentence that you</p>



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<p style="text-align: right;">Page 542</p> <p>1 just read.</p> <p>2 Q. And then it goes -- and it goes</p> <p>3 on to explain that oxymorphone in the form of</p> <p>4 Numorphan instant-release tablets, in fact, had</p> <p>5 a street name popularly known as "blues" for</p> <p>6 their blue coloring.</p> <p>7 Do you see that?</p> <p>8 MR. LIMBACHER: Object to form.</p> <p>9 THE WITNESS: I see the line you</p> <p>10 just read, it's a part of the next</p> <p>11 sentence.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. Okay. So, again, so the DEA is</p> <p>14 not only confirming that as of May 2011 Opana ER</p> <p>15 is being abused as a street drug, but, in fact,</p> <p>16 oxymorphone had a history of such abuse,</p> <p>17 correct?</p> <p>18 MR. LIMBACHER: Object to form.</p> <p>19 THE WITNESS: You read the</p> <p>20 summary, you read the details, so I</p> <p>21 think the text explains apparently what</p> <p>22 the DEA was reporting.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. And you don't have any reason to</p>	<p style="text-align: right;">Page 544</p> <p>1 MR. LIMBACHER: -- or what it was</p> <p>2 part of?</p> <p>3 MS. SCULLION: I do not.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. You said that in connection with</p> <p>6 your preparation for the deposition, you did</p> <p>7 review some of the RiskMAP updates that Endo</p> <p>8 submitted for Opana ER to the FDA, right?</p> <p>9 A. Yes.</p> <p>10 Q. And do you recall that those</p> <p>11 RiskMAP updates did include discussions of cases</p> <p>12 of apparent abuse of Opana ER from time to time?</p> <p>13 A. Generally, from time to time,</p> <p>14 yes. Again, I didn't review every single one,</p> <p>15 but just to refresh my recollection or to</p> <p>16 understand that these were regular part of the</p> <p>17 risk management team's activities.</p> <p>18 Q. And those reports also showed</p> <p>19 from time to time overdoses from Opana ER,</p> <p>20 correct?</p> <p>21 MR. LIMBACHER: Object to form.</p> <p>22 THE WITNESS: I would put those</p> <p>23 under the same heading as adverse</p> <p>24 events.</p>
<p style="text-align: right;">Page 543</p> <p>1 dispute what the DEA, the federal agency charged</p> <p>2 with enforcement of laws concerning Opana ER and</p> <p>3 other narcotics, you don't dispute their</p> <p>4 assessment of Opana ER's street use, do you?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 THE WITNESS: Providing this is</p> <p>7 truly a DEA brief, no, I don't have any</p> <p>8 grounds to dispute DEA actions.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. Okay.</p> <p>11 MR. LIMBACHER: Counsel, Exhibit</p> <p>12 49 has on the first page "Attachment</p> <p>13 16." Was this part of a larger</p> <p>14 document?</p> <p>15 MS. SCULLION: I will tell you it</p> <p>16 was produced to us this way, so I do not</p> <p>17 know.</p> <p>18 MR. LIMBACHER: Would it be with</p> <p>19 other attachments?</p> <p>20 MS. SCULLION: I do not know,</p> <p>21 sitting here.</p> <p>22 MR. LIMBACHER: So you don't know</p> <p>23 to what it was attached to --</p> <p>24 MS. SCULLION: Or not attached.</p>	<p style="text-align: right;">Page 545</p> <p>1 BY MS. SCULLION:</p> <p>2 Q. So deaths from Opana ER?</p> <p>3 MR. LIMBACHER: Object to form.</p> <p>4 THE WITNESS: I do think that the</p> <p>5 one I reviewed that I did see that, but,</p> <p>6 again, I don't recall the details. I</p> <p>7 wasn't reviewing it at that level of</p> <p>8 detail.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. And showed reference to street</p> <p>11 use of Opana ER, correct?</p> <p>12 MR. LIMBACHER: Object to form.</p> <p>13 THE WITNESS: If there's a</p> <p>14 specific report that you'd like me to</p> <p>15 look at, I could probably give you more</p> <p>16 information.</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. Do you recall those same</p> <p>19 indications that Opana ER was being abused,</p> <p>20 including by people buying and selling Opana ER?</p> <p>21 MR. LIMBACHER: Object to form.</p> <p>22 THE WITNESS: I know in the</p> <p>23 records that I reviewed, I don't</p> <p>24 specifically recall that, but, again, as</p>



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<p style="text-align: right;">Page 546</p> <p>1 I said, I'd be happy to review a 2 specific one, if you'd like, if that 3 would be helpful. 4 MS. SCULLION: Let's see if we 5 can. Can we have the Q1 2008 RiskMAP 6 update. 7 (Document marked for 8 identification as Endo-Lortie Deposition 9 Exhibit No. 50.) 10 BY MS. SCULLION: 11 Q. Let me hand you what's been 12 marked as Exhibit 50. 13 And Exhibit 50 is Bates stamped 14 ENDO-CHI_LIT-00032209. And, Mr. Lortie, this 15 does not bear an E number. 16 A. Okay, thank you. 17 Q. This is the RiskMAP update report 18 for Opana ER dated May 22nd, 2008 covering the 19 period January 1st, 2008 to March 31, 2008, 20 correct? 21 A. Yes, that's the date that's on 22 the title page. 23 Q. And if you'll turn to page 20 of 24 the update report, the page numbers are in the</p>	<p style="text-align: right;">Page 548</p> <p>1 Q. That's what Endo told the FDA in 2 this report, correct? 3 MR. LIMBACHER: Object to form. 4 THE WITNESS: Yes, that's what's 5 written in the report. 6 BY MS. SCULLION: 7 Q. And then Endo further told the 8 FDA, "In all 7 reports, Opana ER was misused by 9 crushing and snorting the tablets," correct? 10 A. Yes, that's what it says. 11 Q. And then if you'll go down to the 12 sentence that begins, "another report." 13 A. Yes. 14 Q. You see that? 15 A. On the fourth line. 16 Q. And this is indicating -- sorry, 17 strike that. 18 In this sentence Endo has told 19 the FDA that "Another report (OPER20080023) 20 involved a 45-year-old man who was a known drug 21 abuser being treated for drug addiction, was 22 purchasing Opana ER 40 mg tablets with a 23 twenty-dollar co-pay and was also buying the 24 product on the streets."</p>
<p style="text-align: right;">Page 547</p> <p>1 upper right-hand corner. 2 A. Yes, got it. 3 Q. And if you'll go to the section 4 "6. Post Marketing Surveillance," section "6.1 5 Periodic Reports," going down to the subheading 6 "Drug Abuse/Intentional Drug misuse." 7 Are you with me? 8 A. Yeah, I'm just going to kind of 9 orient myself here. 10 Q. Yep. 11 A. (Witness reviews document.) 12 Okay. And you'd like me to look 13 at the subsection? 14 Q. The subsection "Drug 15 Abuse/Intentional Drug Misuse." 16 A. Okay. 17 Q. Are you there? 18 A. Yes, I'm focused on that. 19 Q. Okay. And in this update report, 20 Endo has reported to the FDA "There were 7 21 reports related to drug abuse and misuse of 22 Opana ER," correct? 23 A. That's what the sentence says, 24 yes.</p>	<p style="text-align: right;">Page 549</p> <p>1 Do you see that? 2 A. Yes, I do. 3 Q. So, I mean, Endo is telling the 4 FDA that it has reports as of at least May 22nd, 5 2008 of Opana ER being purchased on the street, 6 correct? 7 MR. LIMBACHER: Object to form. 8 THE WITNESS: That apparently is 9 what's in the report, yes. 10 BY MS. SCULLION: 11 Q. So Endo knew at that point, at 12 least, if not earlier, that Opana ER had street 13 value, correct? 14 MR. LIMBACHER: Object to form. 15 THE WITNESS: Well, it's 16 acknowledging and reporting to the FDA 17 that in this case that product was 18 purchased on the street. 19 BY MS. SCULLION: 20 Q. Which meant it had street value, 21 right? 22 MR. LIMBACHER: Object to form. 23 THE WITNESS: I'm not sure what 24 street value means. It doesn't quantify</p>

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<p style="text-align: right;">Page 550</p> <p>1 it, but it was purchased, so I imagine</p> <p>2 there was an exchange of value of some</p> <p>3 sort.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. I mean, as your -- in your time</p> <p>6 with commercial responsibility for Opana ER, did</p> <p>7 you have any training on the concept of Opana ER</p> <p>8 or other opioid products being bought and sold</p> <p>9 on the street and having street value? Is that</p> <p>10 something you had training on?</p> <p>11 MR. LIMBACHER: Object to form.</p> <p>12 THE WITNESS: I don't understand</p> <p>13 what training would be with regards to</p> <p>14 street value.</p> <p>15 BY MS. SCULLION:</p> <p>16 Q. Were you given training on the</p> <p>17 ways in which narcotics like Opana ER could be</p> <p>18 diverted?</p> <p>19 MR. LIMBACHER: Object to form.</p> <p>20 THE WITNESS: That's a very</p> <p>21 different question.</p> <p>22 BY MS. SCULLION:</p> <p>23 Q. I'm asking a different question.</p> <p>24 Were you given training on that issue?</p>	<p style="text-align: right;">Page 552</p> <p>1 scope of the topics on which he's been</p> <p>2 designated.</p> <p>3 THE WITNESS: I don't know.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. Did -- in response to all the</p> <p>6 evidence of abuse and diversion of Opana ER over</p> <p>7 a number of years in which the RiskMAP updates</p> <p>8 were submitted to the FDA, did Endo ever change</p> <p>9 its policies or procedures with respect to</p> <p>10 combating diversion of Opana ER in response to</p> <p>11 that evidence?</p> <p>12 MR. LIMBACHER: Same objections.</p> <p>13 THE WITNESS: As we've testified</p> <p>14 before, the RiskMAP formed the basis in</p> <p>15 2007 of a broad array of activities</p> <p>16 undertaken by the company. The RiskMAP</p> <p>17 report that you just focused me on from</p> <p>18 2008, reports like that were done</p> <p>19 periodically as part of that. The</p> <p>20 RiskMAP was enhanced in 2012 with the</p> <p>21 industry-wide REMS, so I would say that</p> <p>22 constituted a change or an evolution of</p> <p>23 the policies and procedures.</p> <p>24 There was a further evolution as</p>
<p style="text-align: right;">Page 551</p> <p>1 A. All employees, as part of the</p> <p>2 code of conduct, especially those with</p> <p>3 involvement in our controlled substances had to</p> <p>4 undergo periodic training, certify their</p> <p>5 compliance with that, and within that context,</p> <p>6 generally, I would say that all employees were</p> <p>7 aware of the potential for diverse and abuse --</p> <p>8 or abuse and diversion of the opioid product.</p> <p>9 So at that level, everyone was aware because it</p> <p>10 was part of the responsibility to watch out for</p> <p>11 that, and it's the underpinning of the RiskMAP</p> <p>12 and the REMS and all of the other documents.</p> <p>13 Beyond that, I don't recall any</p> <p>14 specific training on street value or any of the</p> <p>15 like at that level, I don't.</p> <p>16 Q. Putting your 30(b)(6) hat, your</p> <p>17 corporate representative hat back on, seeing all</p> <p>18 the reports of abuse, misuse, diversion of Opana</p> <p>19 ER over the years that were reported to the FDA</p> <p>20 in the RiskMAP updates, did Endo ever tell the</p> <p>21 FDA that its RiskMAP was ineffective to combat</p> <p>22 diversion or abuse?</p> <p>23 MR. LIMBACHER: Object to the</p> <p>24 form and object as falling outside the</p>	<p style="text-align: right;">Page 553</p> <p>1 a result of discussions with the New</p> <p>2 York Attorney General later, several</p> <p>3 years later.</p> <p>4 So I would say that, yes, Endo's</p> <p>5 policies and procedures did evolve over</p> <p>6 time, but they were always grounded in</p> <p>7 the same principles that were put</p> <p>8 forward back in 2007 in the very</p> <p>9 comprehensive RiskMAP.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. So the question is, though,</p> <p>12 during the period when Endo had its RiskMAP in</p> <p>13 place, did Endo ever change its anti-diversion</p> <p>14 procedures in response to the growing evidence</p> <p>15 that Opana ER was being abused?</p> <p>16 MR. LIMBACHER: Same objections,</p> <p>17 asked and answered.</p> <p>18 THE WITNESS: Same answer. I</p> <p>19 mean, I can repeat the answer, if you</p> <p>20 would like.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. Well, the answer, as I</p> <p>23 understood, was that the change occurred, in</p> <p>24 your view, when REMS was implemented.</p>

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<p style="text-align: right;">Page 554</p> <p>1 Before REMS, if I'm wrong, you'll</p> <p>2 tell me no, before REMS, did Endo change any of</p> <p>3 its anti-diversion procedures in response to the</p> <p>4 evidence of Opana ER abuse?</p> <p>5 MR. LIMBACHER: Same objections,</p> <p>6 and I think you misstated his testimony.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Please let me know if I did.</p> <p>9 A. You did. So I'll explain again.</p> <p>10 The principles as put forth in</p> <p>11 the 2007 REMS were the underpinning of all of</p> <p>12 the activities.</p> <p>13 Q. Did you mean RiskMAP?</p> <p>14 A. What did I say?</p> <p>15 Q. REMS.</p> <p>16 A. Strike that, please, or I'll</p> <p>17 repeat that. Thank you.</p> <p>18 In the 2007 RiskMAP the</p> <p>19 principles that were put forward there were the</p> <p>20 -- formed the foundation of the broad array of</p> <p>21 activities that continue today. So the RiskMAP</p> <p>22 was not replaced by the REMS, it was supplanted</p> <p>23 by or it was supplemented by the REMS.</p> <p>24 As I said, also, as a result of</p>	<p style="text-align: right;">Page 556</p> <p>1 broad understanding that opioids had the</p> <p>2 potential of being abused and diverted.</p> <p>3 BY MS. SCULLION:</p> <p>4 Q. But can you identify any</p> <p>5 particular change Endo made to its</p> <p>6 anti-diversion procedures in response to growing</p> <p>7 evidence of Opana ER abuse, any specific,</p> <p>8 concrete changes that Endo made?</p> <p>9 MR. LIMBACHER: Same objections.</p> <p>10 THE WITNESS: As I said before,</p> <p>11 the REMS, industry-wide REMS was part of</p> <p>12 the evolution of the program. The</p> <p>13 changes put forward as a result of</p> <p>14 discussions with the New York Attorney</p> <p>15 General, the ADD program had several</p> <p>16 enhancements to it.</p> <p>17 I would say that one of the</p> <p>18 changes Endo made in response to</p> <p>19 knowledge of the growing threat was to</p> <p>20 formulate a product that was designed to</p> <p>21 mitigate at least one of the forms of</p> <p>22 abuse of the product. So, yes, Endo</p> <p>23 undertook several steps to try and</p> <p>24 mitigate that problem.</p>
<p style="text-align: right;">Page 555</p> <p>1 discussions with the New York Attorney General</p> <p>2 several years later, there was some further</p> <p>3 evolutions of policies and procedures, but I</p> <p>4 can't attest that those are in response to any</p> <p>5 specific trigger or any specific event. They</p> <p>6 were in response to ongoing focus by a broad</p> <p>7 array of cross-functional experts within the</p> <p>8 company to make sure that the company was doing</p> <p>9 everything within its power to mitigate abuse</p> <p>10 and diversion. Again, those are the principles</p> <p>11 as put forward in the 2007 RiskMAP.</p> <p>12 Q. Well, in response to the evidence</p> <p>13 of abuse of Opana ER, did Endo ever, for</p> <p>14 example, say, well, we want to go beyond just</p> <p>15 monitoring and we want to go out and actively</p> <p>16 look for pill mills and ensure that our product</p> <p>17 is not being supplied to pill mills?</p> <p>18 MR. LIMBACHER: Same objections.</p> <p>19 THE WITNESS: Endo certainly had</p> <p>20 safeguards in place to mitigate the</p> <p>21 chance that its products were being</p> <p>22 diverted to, as you say, pill mills.</p> <p>23 Whether that was in response to any one</p> <p>24 specific trigger, it was in response to</p>	<p style="text-align: right;">Page 557</p> <p>1 BY MS. SCULLION:</p> <p>2 Q. But the FDA didn't agree that, in</p> <p>3 fact, the reformulated version of Opana ER was</p> <p>4 any more effective at combating abuse, correct?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. The FDA never accepted any data</p> <p>8 that Endo put forward on that point?</p> <p>9 MR. LIMBACHER: Object to form.</p> <p>10 THE WITNESS: Oh, FDA accepted</p> <p>11 all the data we submitted.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. It didn't accept the conclusion</p> <p>14 that reformulated Opana ER was, in fact, abuse</p> <p>15 deterrent, right; they never made that finding?</p> <p>16 MR. LIMBACHER: Object to form.</p> <p>17 THE WITNESS: Correct. At the</p> <p>18 end of the submission and the</p> <p>19 evaluation, the FDA ultimately did not</p> <p>20 agree, but they accepted everything we</p> <p>21 submitted.</p> <p>22 BY MS. SCULLION:</p> <p>23 Q. Now, you just referenced REMS --</p> <p>24 A. Yes.</p>

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<p style="text-align: right;">Page 558</p> <p>1 Q. -- as being enhancement I think</p> <p>2 is how you described it to Endo's</p> <p>3 anti-diversion, anti-abuse efforts; is that</p> <p>4 right?</p> <p>5 A. I would say an enhancement. I</p> <p>6 think I also used the word supplemental. So, in</p> <p>7 other words, the point I was -- the distinction</p> <p>8 I was trying to make is that it did not replace.</p> <p>9 RiskMAP stays -- I assume the RiskMAP is still</p> <p>10 in place today, but the REMS, the industry-wide</p> <p>11 REMS was additive in terms of steps taken,</p> <p>12 again, in the -- in the pursuit of activities to</p> <p>13 mitigate abuse and diversion.</p> <p>14 MS. SCULLION: Can I have E1610,</p> <p>15 please.</p> <p>16 (Document marked for</p> <p>17 identification as Endo-Lortie Deposition</p> <p>18 Exhibit No. 51.)</p> <p>19 BY MS. SCULLION:</p> <p>20 Q. Mr. Lortie, but it's, in fact,</p> <p>21 the case that the industry-wide working group</p> <p>22 opposed applying REMS to focus on abuse,</p> <p>23 deliberate abuse, correct?</p> <p>24 MR. LIMBACHER: Object to form</p>	<p style="text-align: right;">Page 560</p> <p>1 attached concept paper and the attached list of</p> <p>2 questions for the FDA."</p> <p>3 Do you see that?</p> <p>4 MR. LIMBACHER: Object to the</p> <p>5 form and foundation and to the extent it</p> <p>6 falls outside the scope of the topics on</p> <p>7 which he's been designated.</p> <p>8 THE WITNESS: You read the</p> <p>9 sentence accurately.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. And Endo was part of this group</p> <p>12 of sponsors and others with interest in the</p> <p>13 issues that were supporting the concept paper</p> <p>14 that Ms. Buc is forwarding on to Dr. Rappaport,</p> <p>15 correct?</p> <p>16 MR. LIMBACHER: Same objections.</p> <p>17 THE WITNESS: I do not know.</p> <p>18 BY MS. SCULLION:</p> <p>19 Q. Okay. If you'll go to the</p> <p>20 concepts themselves in the concept paper, page</p> <p>21 E1610.2.</p> <p>22 A. If it's okay, I'll read through</p> <p>23 the paper.</p> <p>24 Q. No, I actually want to just refer</p>
<p style="text-align: right;">Page 559</p> <p>1 and foundation and to the extent it</p> <p>2 falls outside the scope of the topics on</p> <p>3 which he's been designated.</p> <p>4 THE WITNESS: I don't know that</p> <p>5 to be correct, no.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. Okay. Going to hand you what's</p> <p>8 been marked as Exhibit 51.</p> <p>9 And Exhibit 51 is Bates stamped</p> <p>10 ENDO-OPIOID_MDL-01485661, and we've stamped it</p> <p>11 E1610.</p> <p>12 Mr. Lortie, you'll see that</p> <p>13 E16 -- sorry -- Exhibit 51 is a letter from</p> <p>14 Nancy Buc at Buc &amp; Beardsley in Washington, D.C.</p> <p>15 to Dr. Bob Rappaport at the CDER.</p> <p>16 Do you see that?</p> <p>17 A. Yes, I see that as the cover</p> <p>18 letter, yes.</p> <p>19 Q. And Ms. Buc refers in her first</p> <p>20 paragraph of her cover letter to "In preparation</p> <p>21 for the March 3 meeting on extended release</p> <p>22 opioid analgesics, a number of sponsors invited</p> <p>23 to the meeting and others with an interest in</p> <p>24 the issues to be discussed have prepared the</p>	<p style="text-align: right;">Page 561</p> <p>1 you to the concepts. I'm not looking at the</p> <p>2 entirety of the paper, just there's certain</p> <p>3 concepts. If you'll look to concept number 3.</p> <p>4 A. Sorry. If it's okay, I'll look</p> <p>5 through the document.</p> <p>6 MR. LIMBACHER: Yeah, take your</p> <p>7 time and review the document.</p> <p>8 MS. SCULLION: Well, I'm not</p> <p>9 going to have our time taken up with</p> <p>10 reading through the document on the</p> <p>11 record. We can take a break and read it</p> <p>12 off the record and come back on, if</p> <p>13 that's okay, happy to do that.</p> <p>14 MR. LIMBACHER: He has been</p> <p>15 reading the documents you've been</p> <p>16 putting in front of him on the record</p> <p>17 for the last two days.</p> <p>18 MS. SCULLION: Right.</p> <p>19 MR. LIMBACHER: And I think he</p> <p>20 does it in a reasonably expeditious</p> <p>21 manner, so if you just give him a minute</p> <p>22 or two, I'm sure he can answer whatever</p> <p>23 questions you have, but I don't think</p> <p>24 it's fair or appropriate for you to ask</p>

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<p>1 him questions about a document and not 2 give him the opportunity to at least 3 look through it. 4 MS. SCULLION: I'm happy to have 5 him look through it, as long as it 6 doesn't come out of our time. 7 THE WITNESS: I've never seen the 8 document. It predates me. I'd like to 9 look it so I can understand the context. 10 It's three pages. We've used up more 11 time than I think I'm going to use to 12 look at it. 13 (Witness reviews document.) I've 14 taken at least an overview of it. Thank 15 you. 16 BY MS. SCULLION: 17 Q. Right, and if you look at page 18 E1610.2, you see that one of the concepts being 19 put forward by this group, concept number 3 was 20 that "FDA should give priority to consideration 21 of REMS and other regulatory options for 22 patients whose exposure to excess drug stems 23 from accidental misuse, rather than diverters 24 and abusers whose exposure to excess drug stems</p>	<p>1 to topic number 13, did Endo's policies permit 2 promotion of Opana ER as having low euphoria 3 prior to 2010? 4 MR. LIMBACHER: Object to form 5 and foundation. 6 THE WITNESS: Did Endo's policies 7 permit promotion, I don't recall that 8 being the case. 9 MR. LIMBACHER: And I object to 10 the extent it falls outside the scope of 11 the topic as counsel have discussed 12 among themselves and how topic 13 is 13 going to be defined. 14 BY MS. SCULLION: 15 Q. I'm sorry. You said your 16 recollection, you don't recall that being the 17 case, right? 18 A. Well, I don't recall that 19 being -- I would need to see if that claim was a 20 claim that was used in promotion. I think what 21 I'm asked to do for that topic is speak about 22 the process and the support for any given 23 claims, so if that claim was used, I'd be happy 24 to look at it.</p>
Page 563	Page 565
<p>1 from deliberate abuse." 2 Do you see that? 3 A. Yes, I see that sentence. 4 Q. And, again, Endo supported that 5 concept as part of its collaboration with other 6 sponsors with respect to what REMS should or 7 should not focus on, correct? 8 MR. LIMBACHER: Object to the 9 form and foundation and to the extent it 10 falls outside the scope of the topics on 11 which he's been designated. 12 THE WITNESS: I don't have any 13 grounds to say that that's correct. I 14 don't see anything in here that refers 15 to Endo in any way as being part of 16 this. I don't know. 17 BY MS. SCULLION: 18 Q. The document was produced to us 19 from Endo's production; you understand that? 20 A. I don't know the technicalities 21 of the production, so I do not understand that. 22 Q. Put that aside. 23 Let's go back again to your 24 corporate representative capacity. With respect</p>	<p>1 Q. Let's go back then to your 2 personal capacity. 3 You had responsibility for -- 4 commercial responsibility for Opana ER when you 5 came on in 2009; is that right? 6 A. Among several products, yes. 7 Q. Okay. At that time did Endo have 8 any substantial evidence to support a claim that 9 Opana ER had low euphoria? 10 MR. LIMBACHER: Object to form 11 and foundation. 12 THE WITNESS: I do not recall the 13 specific support for every claim made, 14 but I'd be happy to review a document, 15 if that would be helpful. 16 BY MS. SCULLION: 17 Q. Do you recall at any point in 18 time Endo having support for a claim that Opana 19 ER had low euphoria? 20 A. Again, Opana ER was one of the 21 products that I was responsible for, so I did 22 not have committed to memory all of the 23 particular claims and what could be used and 24 couldn't.</p>

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<p style="text-align: right;">Page 566</p> <p>1           What I can attest to, though, is</p> <p>2   any claims that were used were subject to and</p> <p>3   made it successfully through our comprehensive</p> <p>4   review process.</p> <p>5       Q.   I think we discussed earlier that</p> <p>6   from time to time, Endo used various pieces of</p> <p>7   market research to assess the effectiveness of</p> <p>8   its promotion, promotional messages with respect</p> <p>9   to Opana ER, correct?</p> <p>10       A.   I'm not sure I would agree with</p> <p>11   the characterization, but, yes, from time to</p> <p>12   time market research was employed to understand</p> <p>13   many different aspects of promotion,</p> <p>14   specifically whether it was to measure</p> <p>15   effectiveness. I can't agree to that as a</p> <p>16   blanket statement.</p> <p>17       Q.   Did from time to time Endo use</p> <p>18   research to assess the extent to which its sales</p> <p>19   representatives were conveying appropriate</p> <p>20   messages with respect to Opana ER?</p> <p>21       MR. LIMBACHER: Object to form.</p> <p>22   BY MS. SCULLION:</p> <p>23       Q.   Sorry, approved messages with</p> <p>24   respect to Opana ER.</p>	<p style="text-align: right;">Page 568</p> <p>1   study number M508-202?</p> <p>2       A.   Yeah, I see that identifier, yes.</p> <p>3       Q.   From time to time, in your</p> <p>4   experience, did Endo use vocal response research</p> <p>5   to assess the messages that healthcare providers</p> <p>6   were receiving with respect to its products,</p> <p>7   including Opana ER?</p> <p>8       A.   I actually don't know what vocal</p> <p>9   response listing is, to be accurate. I am not</p> <p>10   sure I've seen that term. This was the night --</p> <p>11   sorry, 2007 at least it's dated 2007, so this</p> <p>12   would not have been something I would have seen.</p> <p>13       Q.   You see, though, that the -- that</p> <p>14   Exhibit 52 appears to be reciting verbatims with</p> <p>15   respect to in-person sales presentations of</p> <p>16   Opana ER listing specific call dates on the</p> <p>17   right-hand side?</p> <p>18       MR. LIMBACHER: Object to form</p> <p>19   and foundation, and as the witness has</p> <p>20   noted, the document predates his</p> <p>21   employment and he's not seen it before.</p> <p>22       THE WITNESS: Yeah, I mean, I</p> <p>23   really don't know what I'm seeing here.</p> <p>24   BY MS. SCULLION:</p>
<p style="text-align: right;">Page 567</p> <p>1       A.   Market research was used from</p> <p>2   time to time to understand what physicians'</p> <p>3   perceptions were and attitudes, et cetera,</p> <p>4   sometimes with regards to Endo products,</p> <p>5   sometimes with regards to competitive products,</p> <p>6   recognizing that physicians -- that inputs to</p> <p>7   physicians' perceptions weren't necessarily</p> <p>8   solely because of Endo's promotional activities</p> <p>9   or sales force activity.</p> <p>10       MS. SCULLION: Can we have E281,</p> <p>11   please.</p> <p>12       (Document marked for</p> <p>13   identification as Endo-Lortie Deposition</p> <p>14   Exhibit No. 52.)</p> <p>15   BY MS. SCULLION:</p> <p>16       Q.   Hand you what's been marked as</p> <p>17   Exhibit Number 52.</p> <p>18       Exhibit 52, which is Bates</p> <p>19   stamped ENDO-CHI_LIT-00150080 and is stamped</p> <p>20   hopefully helpfully in the upper right-hand</p> <p>21   corner E281.</p> <p>22       Mr. Lortie, you see Exhibit 52 is</p> <p>23   identified in the upper left-hand corner, first</p> <p>24   page Opana ER W2 IVR vocal response listing for</p>	<p style="text-align: right;">Page 569</p> <p>1       Q.   Have you seen from time to time</p> <p>2   reports of verbatim responses from physicians</p> <p>3   with respect to Endo products; did you see</p> <p>4   those?</p> <p>5       A.   I don't recall seeing those at</p> <p>6   Endo, no. It could be. I was there for seven</p> <p>7   or eight years, and I had responsibility for</p> <p>8   many products, but I don't -- this I have not</p> <p>9   seen for sure, and I really don't know what it's</p> <p>10   representing.</p> <p>11       Q.   Okay. If you'll go to page</p> <p>12   E281.9.</p> <p>13       MR. LIMBACHER: Same objections</p> <p>14   to the extent you're going to be</p> <p>15   questioning him about what's been marked</p> <p>16   as Exhibit 52.</p> <p>17   BY MS. SCULLION:</p> <p>18       Q.   No, I apologize. Let's go to</p> <p>19   page E281.24.</p> <p>20       A.   281?</p> <p>21       Q.   281.24, yes.</p> <p>22       A.   Okay, I have that page.</p> <p>23       Q.   And the bottom half of the page,</p> <p>24   there's a report with respect to what's labeled</p>

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<p>1 "Sequence." If you go down to sequence  2 115-09-7781, the bottom third of the page.  3 Do you see that?  4 A. Yes, I do.  5 MR. LIMBACHER: Same objections.  6 BY MS. SCULLION:  7 Q. Under "Specialty" it's listed  8 "PCP."  9 Do you see that?  10 A. Just going across on that?  11 Q. Correct, the next column.  12 A. Yes.  13 Q. And PCP was a generally used  14 abbreviation for a primary care physician,  15 correct?  16 A. In the context of specialty,  17 that's the conclusion I would draw. Again, not  18 having seen this, but, yes, I think that's  19 probably accurate.  20 Q. And this exhibit is reflecting  21 for that sequence in-person sales presentation  22 in the summary it asks, "In one or two  23 sentences, please describe what was new," and  24 what's described here is "less euphoria and</p>	<p>1 correct?  2 A. All I can attest to is that the  3 date that they have on the call date is  4 11/14/2007, as you pointed out.  5 Q. And then you go to the next page  6 E281.25, and we'll see for sequence number  7 115-11-0994.  8 Do you see that sequence number?  9 A. The lowest one on the list, yes,  10 I do.  11 Q. And for the specialty it's  12 indicated again primary care physician, correct?  13 A. The header is not represented on  14 the page, but if it follows the previous one, I  15 think I see PCP in that column.  16 Q. And here for this sequence when  17 asked to describe in one or two sentences,  18 please describe what was new, what was reported  19 was "low incidence of euphoria," correct?  20 MR. LIMBACHER: Same objections.  21 THE WITNESS: Yes, that's what's  22 written in that column.  23 BY MS. SCULLION:  24 Q. And if you go to page E281.94.</p>
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<p>1 maybe less addictive potential."  2 Do you see that?  3 MR. LIMBACHER: Object to form.  4 THE WITNESS: Yes, you read that,  5 that's what's represented here on the  6 page.  7 BY MS. SCULLION:  8 Q. Okay. And that's dated as of  9 11/14/2007, correct?  10 A. That's the --  11 Q. For the call date?  12 A. That's the date on that line,  13 yes.  14 Q. For the call date, right?  15 A. It appears to be, that's yes.  16 Q. And Endo referred to in-person  17 detailing on healthcare providers as calls,  18 right?  19 A. Yeah, I would think a call would  20 be a detail.  21 Q. So one could understand that a  22 call date referred to the date on which that  23 physician was -- that prescriber -- provider  24 rather, sorry -- that provider was detailed,</p>	<p>1 A. 94?  2 Q. Correct.  3 And here on this page, if we go  4 to sequence number, again, bottom approximately  5 third of the page, sequence number 115-11-0994.  6 A. 994?  7 Q. Yes, are you there?  8 A. Yes, I am.  9 Q. And, again, specialty here is  10 primary care physician, correct?  11 A. PCP is what's listed.  12 Q. That's primary care physician  13 again, correct?  14 A. Well, I think that's what we've  15 assumed it's referring to.  16 Q. Okay. And if you go to the  17 column header for the next right-hand column, do  18 you see that the column here is asking about "Of  19 all the topics discussed by the sales  20 representative during the presentation, what one  21 topic, from your perspective, was the most  22 important to you?"  23 Did I read that correctly?  24 A. Yes, that's -- you read that</p>

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<p style="text-align: right;">Page 574</p> <p>1 accurately.</p> <p>2 Q. And under that column for</p> <p>3 sequence number 115-11-0994 it indicates, "Low</p> <p>4 incidence of abuse due to low incidence of</p> <p>5 euphoria."</p> <p>6 Did I read that correctly?</p> <p>7 MR. LIMBACHER: Same objections</p> <p>8 to all of these questions with regard to</p> <p>9 Exhibit 52.</p> <p>10 THE WITNESS: You read the</p> <p>11 sentence accurately.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. Okay. And then if you go to page</p> <p>14 E281.96, drawing your attention again to the</p> <p>15 bottom third of the page, just to the column</p> <p>16 headers, again see sequence, next column</p> <p>17 specialty, correct?</p> <p>18 A. In the bottom section here?</p> <p>19 Q. Yes.</p> <p>20 A. On 96, correct?</p> <p>21 Q. Correct.</p> <p>22 A. Still on the right page, yes.</p> <p>23 Q. You see sequence, next column to</p> <p>24 the right is specialty again, correct?</p>	<p style="text-align: right;">Page 576</p> <p>1 THE WITNESS: Yes, you read that</p> <p>2 accurately. That's what's on the page.</p> <p>3 BY MS. SCULLION:</p> <p>4 Q. And you were aware, were you not,</p> <p>5 that, in fact, Endo sales representatives were</p> <p>6 communicating the message to healthcare</p> <p>7 providers that Opana ER had low euphoria as</p> <p>8 reflected in the exhibit we were just looking</p> <p>9 at, correct; you were aware of that?</p> <p>10 MR. LIMBACHER: Object to form,</p> <p>11 foundation.</p> <p>12 THE WITNESS: No, I was not aware</p> <p>13 of that. This entire document predates</p> <p>14 me by a couple of years, and I don't</p> <p>15 recall ever seeing it.</p> <p>16 BY MS. SCULLION:</p> <p>17 Q. Well, let's look -- are you</p> <p>18 familiar with Endo -- Endo coaching or Endo sale</p> <p>19 coaching reports?</p> <p>20 A. Endo sale coaching reports?</p> <p>21 Q. Yes.</p> <p>22 A. That doesn't ring a bell.</p> <p>23 Q. Did Endo use coaching by its</p> <p>24 district managers to observe the effectiveness</p>
<p style="text-align: right;">Page 575</p> <p>1 A. Correct.</p> <p>2 Q. Next column is "Of all the topics</p> <p>3 discussed by the sales representative during the</p> <p>4 presentation, what one topic, from your</p> <p>5 perspective, was the most important to you?"</p> <p>6 Did I read that correctly?</p> <p>7 A. You did.</p> <p>8 Q. And if you go to the next page,</p> <p>9 E281.97, go to sequence Number 115-0 -- sorry,</p> <p>10 115-10-7624, do you see the specialty listed</p> <p>11 here now is pain management?</p> <p>12 A. Yes, that's the second from the</p> <p>13 bottom.</p> <p>14 Q. Yep.</p> <p>15 A. I do.</p> <p>16 Q. And here in response to of all</p> <p>17 the topics discussed by the sales</p> <p>18 representatives -- sales representative during</p> <p>19 the presentation what one topic, from your</p> <p>20 perspective, was the most important to you, the</p> <p>21 response was "Low abuse potential and low</p> <p>22 euphoria potential."</p> <p>23 Did I read that correctly?</p> <p>24 MR. LIMBACHER: Same objections.</p>	<p style="text-align: right;">Page 577</p> <p>1 and appropriateness of sales representatives in</p> <p>2 the field?</p> <p>3 MR. LIMBACHER: Objection, form</p> <p>4 and foundation.</p> <p>5 THE WITNESS: Certainly, our</p> <p>6 district managers had the</p> <p>7 responsibility, among others, of</p> <p>8 observing sales representatives and</p> <p>9 coaching their activities and making</p> <p>10 sure that they were effective, but also,</p> <p>11 of course, activities were within</p> <p>12 compliance. From time to time there</p> <p>13 were various reports that were used to</p> <p>14 memorialize that.</p> <p>15 BY MS. SCULLION:</p> <p>16 Q. Okay.</p> <p>17 A. I don't recall the specific ones,</p> <p>18 though.</p> <p>19 Q. So it never came to your</p> <p>20 attention, for example, that the Endo sale</p> <p>21 coaching reports reflecting as early as May 2007</p> <p>22 that representatives were characterizing Opana</p> <p>23 ER to healthcare providers as a great choice for</p> <p>24 older patients due to clean safety profile and</p>

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<p style="text-align: right;">Page 578</p> <p>1 less euphoria?</p> <p>2 MR. LIMBACHER: Objection, form</p> <p>3 and foundation. I would note it</p> <p>4 predates his employment at the company.</p> <p>5 THE WITNESS: You're correct. I</p> <p>6 don't recall that. It never was brought</p> <p>7 to my attention that I recall.</p> <p>8 MS. SCULLION: Can I have E1593.</p> <p>9 (Document marked for</p> <p>10 identification as Endo-Lortie Deposition</p> <p>11 Exhibit No. 53.)</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. I hand you what's been marked as</p> <p>14 Exhibit 53.</p> <p>15 And Exhibit 53 is Bates stamped</p> <p>16 ENDO-OPIOID_MDL-00992589, and we've marked it</p> <p>17 E1593 in the upper right-hand corner.</p> <p>18 Do you see this is an e-mail from</p> <p>19 Ben Manibog to Demir Bingol?</p> <p>20 A. I do see that, yes.</p> <p>21 Q. And that was dated as of</p> <p>22 December 1st, 2009, correct?</p> <p>23 A. That's the date on the e-mail,</p> <p>24 yes.</p>	<p style="text-align: right;">Page 580</p> <p>1 where he, as you say, had concurrent</p> <p>2 responsibilities.</p> <p>3 Q. If you go to page E1593.2, you</p> <p>4 see this is a Work Session Planner dated</p> <p>5 December 1st, 2009?</p> <p>6 MR. LIMBACHER: Objection, form</p> <p>7 and foundation.</p> <p>8 THE WITNESS: I see that as the</p> <p>9 title or the header on that page, 93.2.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. And then if you go to page</p> <p>12 E1593.3, do you see that Mr. Manibog has stated</p> <p>13 in this Work Session Planner under Number 6</p> <p>14 "What action steps are you taking to insure that</p> <p>15 your top writers are growing?" The first action</p> <p>16 step listed there is "Opana ER - focusing on the</p> <p>17 benefits of true 12-hour dosing and lack of</p> <p>18 euphoria."</p> <p>19 Did I read that correctly?</p> <p>20 MR. LIMBACHER: Objection, form</p> <p>21 and foundation.</p> <p>22 THE WITNESS: Just making sure --</p> <p>23 so you're now on page 93.3. This is</p> <p>24 number 6, I think.</p>
<p style="text-align: right;">Page 579</p> <p>1 Q. And at the time of this e-mail</p> <p>2 you were employed by Endo and had responsibility</p> <p>3 for Opana ER, correct?</p> <p>4 A. Yes, as of that date I did.</p> <p>5 Q. And Mr. Bingol, what was his</p> <p>6 position with Endo in December of 2009?</p> <p>7 A. To the best of my recollection,</p> <p>8 he had marketing responsibility for Opana.</p> <p>9 Q. Was he also serving as a regional</p> <p>10 business director for the Midwest region during</p> <p>11 that period?</p> <p>12 A. No.</p> <p>13 Q. You don't recall he had</p> <p>14 concurrent responsibilities for a period of time</p> <p>15 both as brand manager and as a regional business</p> <p>16 director?</p> <p>17 A. Oh, I do recall that, but it was</p> <p>18 not at this time. It was later.</p> <p>19 Q. What's your understanding of when</p> <p>20 he had the concurrent responsibilities?</p> <p>21 A. It was later than December of</p> <p>22 2009, I'm certain of that. I don't recall</p> <p>23 specifically, but it was either later in 2010 or</p> <p>24 in 2011, he had a developmental assignment,</p>	<p style="text-align: right;">Page 581</p> <p>1 BY MS. SCULLION:</p> <p>2 Q. That's right, and the very first</p> <p>3 action step listed there.</p> <p>4 A. Okay, I see that. What was the</p> <p>5 question again, please?</p> <p>6 Q. The question is do I understand</p> <p>7 correctly that the first action step listed</p> <p>8 there was Opana ER targets focusing on the</p> <p>9 benefits of true 12-hour dosing and lack of</p> <p>10 euphoria?</p> <p>11 A. Yes, that's what it writes -- or</p> <p>12 that's what's written there.</p> <p>13 Q. And was that an appropriate focus</p> <p>14 as of December 2009 for Opana ER, lack of</p> <p>15 euphoria?</p> <p>16 MR. LIMBACHER: Objection, form</p> <p>17 and foundation.</p> <p>18 THE WITNESS: I don't recall the</p> <p>19 specific product claims or their support</p> <p>20 or what the sales force was asked to</p> <p>21 focus on at that date, so I don't know.</p> <p>22 MS. SCULLION: Let's take a quick</p> <p>23 break.</p> <p>24 THE VIDEOGRAPHER: Going off the</p>

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<p style="text-align: right;">Page 582</p> <p>1 record 5:30. 2 (Brief recess.) 3 THE VIDEOGRAPHER: We are back on 4 the record at 5:52. 5 (Document marked for 6 identification as Endo-Lortie Deposition 7 Exhibit No. 54.) 8 MS. SCULLION: Mr. Lortie, 9 welcome back. I have no further 10 questions for you today. I do want to 11 mark as an exhibit, though, for the 12 record, we'll mark it as Exhibit Number 13 54. 14 And Exhibit 54 is a printout of 15 an e-mail I sent to Mr. Davis, counsel 16 to Endo in this case on August 10th, 17 2018, and I'm marking it as an exhibit 18 to the record because it reflects at 19 least some of the agreements we came to 20 with Endo a few months ago as to the 21 scope of the 30(b)(6) responses to be 22 provided, including Mr. Lortie's 23 testimony, and the agreements that we 24 reached, to my understanding, were not</p>	<p style="text-align: right;">Page 584</p> <p>1 periods prior to the launch of Opana ER. 2 Similarly, with respect to 3 products other than Opana ER, the e-mail 4 reflects that Endo's objections to 5 providing discovery for all of its 6 opioid products (branded and generic) 7 have been overruled. 8 MR. LIMBACHER: Jen, 9 respectfully, is there a reason why 10 you're putting this on the record. 11 MS. SCULLION: Yes, I'm. 12 MR. LIMBACHER: Because you've 13 marked the e-mail as an exhibit. It 14 will be attached to the transcript. Why 15 are we doing this? 16 MS. SCULLION: Counsel, we spent 17 an inordinate amount of time trying to 18 parse out again what this witness had or 19 had not been prepared to and we're going 20 to put on the record what the agreement 21 was back in August of 2018 as to the 22 scope of the 30(b)(6) responses. Sorry. 23 So let me start again. 24 Now, with respect to the scope</p>
<p style="text-align: right;">Page 583</p> <p>1 honored, as reflected in the record 2 yesterday, where we had to spend an 3 inordinate amount of time understanding 4 what Endo had chosen and not chosen to 5 prepare the witness to testify to as its 6 corporate representative. 7 So, among other things, the 8 e-mail recites that with respect to time 9 frame for the 30(b)(6) responses that in 10 its August 1st letter, Endo indicated it 11 would not provide responsive information 12 concerning pre-June 2004 periods ("Time 13 Period Limit"). On our August 3 call, 14 Endo confirmed that, consistent with 15 special master Cohen's rulings, Endo is 16 withdrawing its Time Period Limit, and 17 it was, therefore, our understanding 18 that, in fact, there were no time period 19 limits with respect to Endo's 30(b)(6) 20 responses. However, as reflected 21 yesterday, the witness was not prepared 22 to speak to virtually any of Endo's 23 policies or procedures or other topics 24 in which he was designated for any time</p>	<p style="text-align: right;">Page 585</p> <p>1 for the products that Endo's objections 2 for providing discovery for all of its 3 opioid products (branded and generic) 4 have been overruled. 5 Next sentence, thus we understand 6 Endo will now be providing discovery 7 (including 30(b)(6) testimony/written 8 responses) not only for Opana ER but 9 Opana IR, Numorphan, Percocet, Percodan 10 and Endo's various generic opioids, as 11 well as opioids as a class. As 12 reflected in the record from yesterday, 13 the witness was not prepared to speak 14 to, for among other things, Percocet or 15 Endo's generic OxyContin product. I 16 think the witness said today that he was 17 also not familiar -- maybe it was 18 yesterday, I apologize, that he was not 19 familiar with Numorphan. And so it is 20 our position, again, that no fault of 21 the witness' but that he was not 22 properly prepared to speak to the 23 entirety of the scope of the topics on 24 which he was designated and which we</p>

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<p>1 prepared to take his testimony over the</p> <p>2 course of the last two days.</p> <p>3 We reserve all our rights with</p> <p>4 respect to what we believe was a</p> <p>5 violation of the rules, and with that,</p> <p>6 we will end our questioning here today,</p> <p>7 but with the right to continue</p> <p>8 questioning on the issues for which</p> <p>9 we've had no representative provided.</p> <p>10 MR. LIMBACHER: Respectfully,</p> <p>11 counsel, I disagree. I think the</p> <p>12 witness was fully prepared to testify</p> <p>13 with regard to all of the topics on</p> <p>14 which he had been designated. You've</p> <p>15 provided a self-serving e-mail only from</p> <p>16 you without any response from Mr. Davis</p> <p>17 that goes back to August of 2018. There</p> <p>18 has been considerable subsequent e-mail</p> <p>19 exchanges between the parties with</p> <p>20 regard to the proper topics under the</p> <p>21 30(b)(6) notice and which witness is or</p> <p>22 is not being designated on specific</p> <p>23 topics.</p> <p>24 Without being comprehensive, I</p>	<p>1 other e-mails that reflect the</p> <p>2 agreements among counsel, that even in</p> <p>3 this e-mail that you, counsel, wrote,</p> <p>4 you say at the bottom on the first</p> <p>5 page -- near the bottom of the first</p> <p>6 page that even you acknowledge that</p> <p>7 Endo's willingness to provide 30(b)(6)</p> <p>8 discovery with respect to generic opioid</p> <p>9 products sold, licensed, distributed by</p> <p>10 its wholly-owned subsidiary Par</p> <p>11 Pharmaceuticals remains unclear.</p> <p>12 So with that, counsel, I think we</p> <p>13 can move on and try to accomplish</p> <p>14 something since it's 6:00 at night.</p> <p>15 MS. SCULLION: I just do want to</p> <p>16 respond that the sentence you just</p> <p>17 referred to was with respect to Par's</p> <p>18 generics. The sentence before that was</p> <p>19 with respect to Endo's generics. Endo,</p> <p>20 long before the Par acquisition, did, in</p> <p>21 fact, have its own generic opioid</p> <p>22 products, including generic OxyContin,</p> <p>23 including Endocet.</p> <p>24 MR. LIMBACHER: Counsel, am I</p>
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<p>1 would refer you to an e-mail dated</p> <p>2 December the 12th, 2018 from Mr. Davis,</p> <p>3 an e-mail dated January the 6th of 2019</p> <p>4 from Mr. Davis. I would also refer you</p> <p>5 to an e-mail dated October 22nd, 2018</p> <p>6 from Mr. Davis, January 29th of 2019</p> <p>7 from Mr. Davis, and I could go on and on</p> <p>8 and on.</p> <p>9 So by no means does Exhibit 54</p> <p>10 reflect all of the agreements between</p> <p>11 the parties that were worked out amongst</p> <p>12 counsel in advance of Mr. Lortie's</p> <p>13 deposition, and I strenuously reject the</p> <p>14 notion that this witness was not</p> <p>15 properly prepared. You asked him</p> <p>16 multiple questions on multiple topics</p> <p>17 that clearly fell outside the scope of</p> <p>18 the language in the 30(b)(6) notice and</p> <p>19 were inconsistent with both the letter</p> <p>20 and the spirit of the e-mail exchanges</p> <p>21 between counsel.</p> <p>22 I'd also point out since you went</p> <p>23 to the trouble of marking this</p> <p>24 August 10th, 2018 e-mail but none of the</p>	<p>1 right that you and Mr. Davis have</p> <p>2 engaged in multiple exchanges of e-mails</p> <p>3 subsequent to August of 2018 with regard</p> <p>4 to the agreements amongst counsel</p> <p>5 concerning what this witness and other</p> <p>6 witnesses are going to be designated to</p> <p>7 testify on?</p> <p>8 MS. SCULLION: The answer is,</p> <p>9 yes, we did, and in none of those e-mail</p> <p>10 exchanges was there ever a change in the</p> <p>11 fact that the 30(b)(6) responses,</p> <p>12 whether written, in writing or in</p> <p>13 testimony were not to be limited to any</p> <p>14 particular time frame, nor were they to</p> <p>15 be limited solely to Opana ER, and that</p> <p>16 is what we have witnessed over the</p> <p>17 course of the last two days.</p> <p>18 And I do want to make clear,</p> <p>19 because I don't think I was clear</p> <p>20 before, that with respect to reserving</p> <p>21 our rights, we are also reserving the</p> <p>22 right to seek preclusion to the extent</p> <p>23 Endo would try to offer or seek to offer</p> <p>24 any evidence with respect to the topics</p>

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<p style="text-align: right;">Page 590</p> <p>1 on which this witness has not prepared.</p> <p>2 I understand that it sounds like</p> <p>3 from counsel from Endo there's a</p> <p>4 disagreement about that, but I am making</p> <p>5 that clear for the record that we're</p> <p>6 reserving our right to, in fact, seek</p> <p>7 preclusion.</p> <p>8 MR. LIMBACHER: Well, again, I</p> <p>9 object to an attempt here through this</p> <p>10 Exhibit 54 to suggest that an e-mail</p> <p>11 from August of 2018 is a reflection of</p> <p>12 the actual state of the agreement</p> <p>13 amongst counsel. That's simply not</p> <p>14 correct.</p> <p>15 And, again, this witness was</p> <p>16 fully and properly prepared to testify</p> <p>17 with regard to the topics on which he</p> <p>18 was designated, as reflected by multiple</p> <p>19 exchanges of e-mails that are subsequent</p> <p>20 to August of 2018.</p> <p>21 MS. SCULLION: Thank you for your</p> <p>22 time.</p> <p>23 THE VIDEOGRAPHER: Going off the</p> <p>24 record at 6:02.</p>	<p style="text-align: right;">Page 592</p> <p>1 BY MR. LENISKI:</p> <p>2 Q. I'm going to be asking questions</p> <p>3 today both as a fact witness and in your</p> <p>4 capacity as 30(b)(6), similar to the MDL</p> <p>5 counsel.</p> <p>6 MR. LIMBACHER: And, counsel,</p> <p>7 just so we have the same understanding,</p> <p>8 unless you make it clear on the record</p> <p>9 that you're asking him in his capacity</p> <p>10 as a 30(b)(6) witness, I think my</p> <p>11 position will be that he's being</p> <p>12 questioned in his capacity as a fact</p> <p>13 witness.</p> <p>14 BY MR. LENISKI:</p> <p>15 Q. Understood. And I'll try to make</p> <p>16 that clear. I'll use the hat analogy, so go</p> <p>17 ahead and put on your 30(b)(6) hat.</p> <p>18 A. Thank you.</p> <p>19 Q. Before Endo began marketing</p> <p>20 Opana, did it believe that prescription abuse</p> <p>21 was a real problem?</p> <p>22 MR. LIMBACHER: Object to form</p> <p>23 and object to the extent it falls</p> <p>24 outside the scope of the topics on which</p>
<p style="text-align: right;">Page 591</p> <p>1 (Pause.)</p> <p>2 THE VIDEOGRAPHER: We are back on</p> <p>3 the record at 6:03.</p> <p>4 BY MR. LENISKI:</p> <p>5 Q. Good afternoon, Mr. Lortie. My</p> <p>6 name is Joe Leniski, we met yesterday. I</p> <p>7 represent plaintiffs in Tennessee, and I'm going</p> <p>8 to try to be brief, and I know it's been a long</p> <p>9 two days.</p> <p>10 MR. LENISKI: So before I begin,</p> <p>11 though, I need to state that the</p> <p>12 Tennessee state plaintiffs have a</p> <p>13 standing objection, which I will adopt</p> <p>14 here, to these depositions due to a lack</p> <p>15 of adequate notice, a lack of document</p> <p>16 production and because there are</p> <p>17 different civil rules that apply in</p> <p>18 Tennessee, including the lack of a</p> <p>19 limitation on time limits for</p> <p>20 depositions. Unless you have some</p> <p>21 response, counsel, I'll proceed.</p> <p>22 MR. LIMBACHER: No, we understand</p> <p>23 your position.</p> <p>24 MR. LENISKI: Thank you.</p>	<p style="text-align: right;">Page 593</p> <p>1 he's been designated.</p> <p>2 THE WITNESS: My recollection is</p> <p>3 Opana was marketed after 2006. So prior</p> <p>4 to that, it was prior to 2006. I joined</p> <p>5 in 2009, so I can't really draw a</p> <p>6 conclusion as to what Endo's position</p> <p>7 was back then.</p> <p>8 BY MR. LENISKI:</p> <p>9 Q. So as of 2009, did Endo believe</p> <p>10 that prescription abuse of opioids was a real</p> <p>11 problem?</p> <p>12 MR. LIMBACHER: Same objections.</p> <p>13 THE WITNESS: I think in the</p> <p>14 report of the -- the independent board</p> <p>15 report that we looked at yesterday, it</p> <p>16 states the company's position at least</p> <p>17 as of now, which I think is consistent,</p> <p>18 that opioid abuse and diversion remains</p> <p>19 a problem that requires the cooperation</p> <p>20 of multiple stakeholders to try and</p> <p>21 improve.</p> <p>22 BY MR. LENISKI:</p> <p>23 Q. And I'm asking --</p> <p>24 A. Sorry, let me finish.</p>

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<p style="text-align: right;">Page 594</p> <p>1 Q. I don't mean to cut you off.</p> <p>2 Sorry.</p> <p>3 A. The extent to which that position</p> <p>4 was held at various points in time is sort of</p> <p>5 difficult for me to quantify.</p> <p>6 Q. So my question, again was in</p> <p>7 2009, when Endo was marketing the Opana ER --</p> <p>8 I'll call it the original formulation; is that</p> <p>9 fair?</p> <p>10 A. Okay.</p> <p>11 Q. Okay. The question was in 2009</p> <p>12 when Endo was marketing original formulation</p> <p>13 Opana ER, did it believe that prescription abuse</p> <p>14 of -- or abuse of prescription opioids, rather</p> <p>15 was a real problem? Am I to understand from</p> <p>16 your answer that you don't know definitively</p> <p>17 what Endo's position was at that time?</p> <p>18 MR. LIMBACHER: Same objections.</p> <p>19 THE WITNESS: No. What I can say</p> <p>20 is -- and I'll refer back to the 2007</p> <p>21 RiskMAP, because I think it provides a</p> <p>22 foundation for not only the company's</p> <p>23 view on the problem but the steps that</p> <p>24 the company was putting into place and,</p>	<p style="text-align: right;">Page 596</p> <p>1 identification as Endo-Lortie Deposition</p> <p>2 Exhibit No. 55.)</p> <p>3 BY MR. LENISKI:</p> <p>4 Q. Handing you Exhibit 55. There's</p> <p>5 extra copies there for counsel on down.</p> <p>6 This is ENDO-OPIOID_MDL-01941783.</p> <p>7 It's an e-mail with an attached PowerPoint.</p> <p>8 MR. LIMBACHER: This is 55?</p> <p>9 MR. LENISKI: Correct, sorry,</p> <p>10 Exhibit 55.</p> <p>11 BY MR. LENISKI:</p> <p>12 Q. Mr. Lortie, do you recognize the</p> <p>13 document?</p> <p>14 A. I don't recall seeing it, but I</p> <p>15 recognize it as a document from Brian Munroe to</p> <p>16 myself and others.</p> <p>17 Q. Okay. And this is dated</p> <p>18 May 30th, 2012, correct?</p> <p>19 A. Yes, that's correct.</p> <p>20 Q. And this is approximately the</p> <p>21 time that Endo is launching the reformulated</p> <p>22 Opana ER; is that your recollection?</p> <p>23 A. Yes, I think that's true. That</p> <p>24 was in the middle of 2012.</p>
<p style="text-align: right;">Page 595</p> <p>1 therefore, because there were</p> <p>2 significant steps across the entire</p> <p>3 company, certainly, there was a</p> <p>4 recognition that there was a potential</p> <p>5 for abuse and diversion of these</p> <p>6 controlled substances.</p> <p>7 BY MR. LENISKI:</p> <p>8 Q. Did Endo ever question whether</p> <p>9 prescription -- abuse of prescription opioids</p> <p>10 was a real problem?</p> <p>11 MR. LIMBACHER: Same objections.</p> <p>12 THE WITNESS: I don't know. I</p> <p>13 don't recall that myself, but I don't</p> <p>14 know.</p> <p>15 BY MR. LENISKI:</p> <p>16 Q. At any point do you recall Endo</p> <p>17 claiming the problem of abuse of prescription</p> <p>18 opioids was merely a perception created by the</p> <p>19 media and the government?</p> <p>20 MR. LIMBACHER: Objection, same</p> <p>21 objections.</p> <p>22 THE WITNESS: I don't recall</p> <p>23 that.</p> <p>24 (Document marked for</p>	<p style="text-align: right;">Page 597</p> <p>1 Q. Okay. And if you look, the</p> <p>2 attachment is titled Rx drug abuse deck for</p> <p>3 6/5/12.</p> <p>4 MR. LIMBACHER: Counsel, to the</p> <p>5 extent it's not clear, I'm continuing my</p> <p>6 objections to this line of questions to</p> <p>7 the extent it falls outside the scope of</p> <p>8 the topics on which he's been</p> <p>9 designated.</p> <p>10 BY MR. LENISKI:</p> <p>11 Q. Okay. In this e-mail Mr. Munroe</p> <p>12 sent to yourself he writes, thanks team for</p> <p>13 helping put this together. Brian, I promised</p> <p>14 you a draft to look at before I send to Julie</p> <p>15 and I thought I would include everyone on the</p> <p>16 team if anyone has comments or improvements. I</p> <p>17 plan on highlighting, Brian, our close</p> <p>18 partnership with you and your team on every</p> <p>19 aspect of what we are doing.</p> <p>20 Have I read that correctly?</p> <p>21 A. Yes.</p> <p>22 Q. And the Brian, is the Brian he's</p> <p>23 referring to in those comments you? Is that a</p> <p>24 fair assumption?</p>

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<p style="text-align: right;">Page 598</p> <p>1 A. I think that's a fair assumption.  2 It's written a little bit awkwardly, but there's  3 no other Brian on the e-mail so I can --  4 Q. And when he's referring to our  5 close partnership with you and your team, is he  6 referring to the partnership between the  7 legislative and regulatory team at Endo and your  8 division at Endo?  9 A. It could be that's what he means.  10 I mean, it's not my e-mail. It's written to me,  11 but it's not written by me, so beyond reading  12 here, I can't tell you exactly what he was  13 thinking.  14 Q. Does this refresh your  15 recollection at all about why Mr. Munroe was  16 putting this particular slide deck together?  17 A. No, it does not. I'm happy to  18 look through the deck to see if anything in here  19 does refresh my recollection.  20 Q. Okay. Go ahead.  21 A. (Witness reviews document.)  22 Q. And when you're ready, I'm going  23 to refer to you page 2 and 3 of the slide deck.  24 A. Okay. I'll just take a minute to</p>	<p style="text-align: right;">Page 600</p> <p>1 Q. Okay. On page 2 of the slide  2 deck, there's a question posed, "Is prescription  3 drug abuse really a problem?"  4 Do you see that?  5 A. I do, yes.  6 Q. And then the answer, "It is for  7 Endo. (Did you see the letters from Sens.  8 Baucus and Grassley?)"  9 Have I read that correctly?  10 A. You read that correctly, yes.  11 Q. Okay. And then there's a -- the  12 next slide over, the question is "Why?" And the  13 answer given in the slide is "Because the media  14 and the government say so (frequently)."  15 Did I read that correctly?  16 A. Yes, that's what's written here.  17 Q. Okay. Is Endo contending that  18 the prescription drug abuse problem in this  19 country in 2012 was really only a problem  20 because the media and the government said it  21 was?  22 MR. LIMBACHER: Objection, form  23 and foundation.  24 THE WITNESS: And, sorry, just</p>
<p style="text-align: right;">Page 599</p> <p>1 quickly review the document. (Witness reviews  2 document.)  3 MR. LIMBACHER: Counsel, which  4 topic in the 30(b)(6) notice are you  5 claiming this line of questioning is  6 covered by?  7 MR. LENISKI: Well, I can  8 actually question him in his personal  9 capacity, since he received the e-mail.  10 MR. LIMBACHER: Okay.  11 MR. LENISKI: But I would think  12 it would be proper under policies for  13 abuse and diversion issues at Endo  14 ensuring compliance with anti-diversion  15 laws and regulations.  16 MR. LIMBACHER: Are you going to  17 be now questioning him in his individual  18 capacity?  19 MR. LENISKI: I am right now.  20 MR. LIMBACHER: Thank you.  21 THE WITNESS: I looked through  22 generally, so I've got an idea of the  23 document. I don't recall seeing it.  24 BY MR. LENISKI:</p>	<p style="text-align: right;">Page 601</p> <p>1 for clarification, are you asking for  2 Endo's position on that statement or my  3 position on that?  4 BY MR. LENISKI:  5 Q. I'm asking -- well, let me ask  6 for your position.  7 A. I would say that that is  8 inconsistent entirely with my understanding of  9 the operations and the views of the company  10 during the entire time I was there. I didn't  11 write this. I don't recall seeing it, and I'm  12 not really sure of the audience of it. That  13 being said, my recollection is that the  14 company's policy was not that -- or the  15 company's view was not that prescription drug  16 abuse was only a problem because of media and  17 government.  18 Q. Look at page 5 of the slides.  19 Endo writes here, "Perception is reality" -- or  20 quotes rather Lee Atwater saying "Perception is  21 reality" and also quotes Dr. Phil, "There is no  22 reality - only perception," correct?  23 MR. LIMBACHER: Object to form.  24 THE WITNESS: Yes, you've read</p>

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<p style="text-align: right;">Page 602</p> <p>1 that correctly. That's what's on the</p> <p>2 slide.</p> <p>3 BY MR. LENISKI:</p> <p>4 Q. Okay. And was it your</p> <p>5 understanding at this time in 2012 it was Endo's</p> <p>6 position that prescription drug abuse was merely</p> <p>7 a matter of perception?</p> <p>8 MR. LIMBACHER: Objection, form</p> <p>9 and foundation.</p> <p>10 THE WITNESS: No, my recollection</p> <p>11 is that that's not true.</p> <p>12 BY MR. LENISKI:</p> <p>13 Q. In fact, was it -- is it your</p> <p>14 understanding that Endo's position in 2012 was</p> <p>15 that prescription drug abuse was not, in fact, a</p> <p>16 reality?</p> <p>17 MR. LIMBACHER: Objection, form</p> <p>18 and foundation.</p> <p>19 THE WITNESS: No.</p> <p>20 BY MR. LENISKI:</p> <p>21 Q. Slide 12, turn there, on the</p> <p>22 slide it states "Big Problem = Effective</p> <p>23 Solutions take time and policymakers don't have</p> <p>24 time," correct?</p>	<p style="text-align: right;">Page 604</p> <p>1 Q. Did you -- do you recall ever</p> <p>2 responding to Mr. Munroe or making any comment</p> <p>3 disagreeing with the notion that opioid or the</p> <p>4 prescription drug abuse or opioid abuse was</p> <p>5 simply a matter of perception?</p> <p>6 MR. LIMBACHER: Object to form,</p> <p>7 misstates the evidence.</p> <p>8 THE WITNESS: I don't recall</p> <p>9 receiving the document, and I don't</p> <p>10 recall responding to it. I'd be happy</p> <p>11 to review a document if you have</p> <p>12 something you'd like me to look at.</p> <p>13 I will say I was not always able</p> <p>14 to respond to every e-mail I received,</p> <p>15 so just wanted to put that out there.</p> <p>16 BY MR. LENISKI:</p> <p>17 Q. Do you recall having reviewed the</p> <p>18 document, having any input into the content of</p> <p>19 this document?</p> <p>20 A. I don't recall having seen it. I</p> <p>21 don't recall having received it, having input</p> <p>22 either before or after the fact.</p> <p>23 Q. There's also another threat</p> <p>24 listed on slide on page 13 it says "'fix it now'</p>
<p style="text-align: right;">Page 603</p> <p>1 A. You've read that accurately, yes.</p> <p>2 Q. And the next slide under the</p> <p>3 header "Threats to Good Public Policy," it lists</p> <p>4 "Bipartisan alarm about perceived 'crisis'."</p> <p>5 Did I read that correctly?</p> <p>6 A. You read that correctly, yes.</p> <p>7 Q. And, once again, you disagree</p> <p>8 that in 2012, Endo believed that the crisis</p> <p>9 surrounding prescription abuse of opioids was</p> <p>10 simply a matter of perception; is that correct?</p> <p>11 MR. LIMBACHER: Objection, form</p> <p>12 and foundation.</p> <p>13 THE WITNESS: I think I followed</p> <p>14 your question, but could you just ask</p> <p>15 that question again.</p> <p>16 BY MR. LENISKI:</p> <p>17 Q. You disagree that in 2012, Endo</p> <p>18 believed the crisis surrounding prescription</p> <p>19 abuse of opioids was simply a matter of</p> <p>20 perception, correct?</p> <p>21 MR. LIMBACHER: Same objection.</p> <p>22 THE WITNESS: I disagree, that is</p> <p>23 correct.</p> <p>24 BY MR. LENISKI:</p>	<p style="text-align: right;">Page 605</p> <p>1 syndrome."</p> <p>2 Do you see that?</p> <p>3 A. So back on 13 again?</p> <p>4 Q. Yes.</p> <p>5 A. I see that written here, yes.</p> <p>6 Q. And what does that mean?</p> <p>7 A. I have no idea. I didn't write</p> <p>8 it.</p> <p>9 Q. There is a conclusion here on</p> <p>10 page 13. It says, "Need for a strong defense to</p> <p>11 prevent harmful policy actions."</p> <p>12 Did I read that correctly?</p> <p>13 A. Yes, you did.</p> <p>14 Q. Okay. Here is Endo suggesting</p> <p>15 with that statement that it must defend itself</p> <p>16 against government action to stop the opioid</p> <p>17 crisis?</p> <p>18 MR. LIMBACHER: Objection, form</p> <p>19 and foundation.</p> <p>20 THE WITNESS: The author was a</p> <p>21 single person not necessarily speaking</p> <p>22 on behalf of the company, or at least I</p> <p>23 have no grounds to accept that he was</p> <p>24 speaking on behalf of the company, so --</p>

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<p style="text-align: right;">Page 606</p> <p>1 and, also, it wasn't written by me, so I</p> <p>2 don't know what he meant by that.</p> <p>3 BY MR. LENISKI:</p> <p>4 Q. So you don't know, you have no</p> <p>5 understanding, as you sit here today, what was</p> <p>6 meant by a need for a strong defense to prevent</p> <p>7 harmful policy actions?</p> <p>8 A. That is correct, I do not know.</p> <p>9 Q. Put that document aside.</p> <p>10 (Document marked for</p> <p>11 identification as Endo-Lortie Deposition</p> <p>12 Exhibit No. 56.)</p> <p>13 MR. LENISKI: I'm handing the</p> <p>14 witness Exhibit 56 to his deposition,</p> <p>15 and this is EPI001932425.</p> <p>16 BY MR. LENISKI:</p> <p>17 Q. Mr. Lortie, I'll represent to you</p> <p>18 that this came from your custodial file, and</p> <p>19 there is no cover page that was produced to us</p> <p>20 that we could locate. It's just what appears to</p> <p>21 be slides, for your reference.</p> <p>22 A. For my efforts, sorry?</p> <p>23 Q. For your reference?</p> <p>24 A. For my reference, okay. May I</p>	<p style="text-align: right;">Page 608</p> <p>1 respect to a safety signal for abuse that was</p> <p>2 occurring in Tennessee during 2013?</p> <p>3 MR. LIMBACHER: Object to form.</p> <p>4 THE WITNESS: I recall,</p> <p>5 generally, the incident or the issue as</p> <p>6 it arose. It certainly was handled by</p> <p>7 the medical and the drug safety and</p> <p>8 pharmacovigilance team as primary</p> <p>9 responsibility, but I remember receiving</p> <p>10 information that this was something that</p> <p>11 they were seeing happening and</p> <p>12 understanding, you know, that there were</p> <p>13 certain signals that were surprising.</p> <p>14 Beyond that, I don't recall the</p> <p>15 specifics because it was done by the</p> <p>16 medical professionals.</p> <p>17 BY MR. LENISKI:</p> <p>18 Q. Do you recall what role you had</p> <p>19 individually, if any, with respect to Endo's</p> <p>20 response to the abuse signals from Tennessee on</p> <p>21 or about this time of 2013?</p> <p>22 MR. LIMBACHER: Object to form.</p> <p>23 THE WITNESS: I don't recall</p> <p>24 having a specific personal</p>
<p style="text-align: right;">Page 607</p> <p>1 take a look through them?</p> <p>2 Q. Yes. And when you're ready, I'm</p> <p>3 going to be asking you questions specifically</p> <p>4 about what's on pages 9 through 13.</p> <p>5 A. Okay, that's helpful. Thank you.</p> <p>6 (Witness reviews document.)</p> <p>7 Okay. I haven't read the whole document, but</p> <p>8 I've read up through 9 through 13, so I'm happy</p> <p>9 to look at it.</p> <p>10 Q. Do you recognize the document?</p> <p>11 A. I don't, not sitting here, no, I</p> <p>12 don't, and I don't -- as you said, there's not a</p> <p>13 cover letter that orients us, but so I don't</p> <p>14 recall -- I don't recognize it sitting here. I</p> <p>15 haven't reviewed it.</p> <p>16 Q. Okay. And looking at -- starting</p> <p>17 on slide 9 of the document, there's a slide</p> <p>18 titled first quarter of 2013 Routes of Abuse:</p> <p>19 Tennessee vs. Other States.</p> <p>20 Do you see that?</p> <p>21 A. I do, yes.</p> <p>22 Q. Okay. Do you recall or does that</p> <p>23 refresh your recollection about any involvement</p> <p>24 you may have had in your personal capacity with</p>	<p style="text-align: right;">Page 609</p> <p>1 responsibility, other than my general</p> <p>2 responsibilities at that time in May of</p> <p>3 2013 as the head of the pharmaceutical</p> <p>4 business.</p> <p>5 BY MR. LENISKI:</p> <p>6 Q. Put on your 30(b)(6) hat for a</p> <p>7 moment.</p> <p>8 A. Okay.</p> <p>9 Q. What was Endo's response in 2013</p> <p>10 in addressing the safety signal that was coming</p> <p>11 from Tennessee that's identified in these</p> <p>12 slides?</p> <p>13 MR. LIMBACHER: Object to the</p> <p>14 extent it falls outside the scope of the</p> <p>15 topics on which he's been designated.</p> <p>16 THE WITNESS: I don't recall the</p> <p>17 entirety of the response. I recall</p> <p>18 being made aware of the issue and being</p> <p>19 kept updated from time to time. I</p> <p>20 recall understanding that some of our</p> <p>21 medical professionals made contact with,</p> <p>22 in some cases, the patients in this</p> <p>23 case.</p> <p>24 I believe I recall that our</p>

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<p style="text-align: right;">Page 610</p> <p>1 appropriate personnel had contact with 2 some of the local law enforcement, but 3 those are sort of general recollections. 4 I don't recall specific steps or 5 specific actions. That was managed and 6 action within a -- you know, within the 7 specific team, whose responsibilities 8 day to day were to do -- take care of, 9 you know, and be part of those 10 activities. 11 BY MR. LENISKI: 12 Q. Do you -- again, 30(b)(6) 13 witness, do you recall what policies or 14 procedures Endo put in place to address the 15 abuse safety signal that it was receiving from 16 Tennessee in 2013? 17 MR. LIMBACHER: Object to the 18 extent it falls outside of the scope of 19 the topics on which Mr. Lortie has been 20 designated. 21 THE WITNESS: I don't recall 22 specific policies and procedures with 23 regards to any given state, including 24 Tennessee.</p>	<p style="text-align: right;">Page 612</p> <p>1 Q. Okay. Put back on your 30(b)(6) 2 hat. Look at slide 13. 3 A. I was just going to add, just to 4 finish my -- 5 Q. Sorry. 6 A. It is nearly six years since 7 this. 8 Q. Understood. Put back on your 9 30(b)(6) hat. Look at slide 13. 10 A. Thirteen, okay. 11 Q. Slide 13 has a header "NAVIPPRO 12 Analysis - Injection," correct? 13 A. I do see that, yes. 14 Q. Okay. And what is NAVIPPRO? 15 A. My recollection is that they were 16 two sources, two sources that I recall, at 17 least, of surveillance of inappropriate drug 18 activity, NAVIPPRO being one of those two. I 19 don't recall the specific source of NAVIPPRO 20 versus Inflexxion or RADARS being the other one, 21 but I think my recollection is that it was one 22 of the sources of independent data that the 23 company relied on to understand if there were 24 signals of abuse and misuse of its products.</p>
<p style="text-align: right;">Page 611</p> <p>1 That being said, all of the 2 activities that the company had 3 undertaken for years prior to this and 4 after this based foundation -- with the 5 foundation of the RiskMAP activities, 6 the REMS, the New York Attorney General 7 ADD would have encompassed the types of 8 activities that the company would have 9 undertaken for signals such as this 10 occurring in any state. 11 BY MR. LENISKI: 12 Q. And do you -- this is, again, 13 just you in your individual capacity, do you 14 recall that the safety signal that Endo was 15 receiving out of Tennessee at this time was 16 involving injection, intravenous abuse of the 17 reformulated Opana ER? 18 MR. LIMBACHER: Object to form. 19 THE WITNESS: I see that in the 20 deck here so that refreshed my 21 recollection as to some of the specific 22 attributes of it, but beyond that, I did 23 not recall the specific details. 24 BY MR. LENISKI:</p>	<p style="text-align: right;">Page 613</p> <p>1 Q. And as the analysis we see in 2 slide 13, is that Endo's analysis of the 3 NAVIPPRO data or is this NAVIPPRO's analysis 4 that Endo is repeating in the slide? 5 MR. LIMBACHER: Object to the 6 extent it falls outside the scope of the 7 topics on which he's been designated. 8 THE WITNESS: And I really don't 9 know. I can't really draw that 10 conclusion either way from what I see 11 here. 12 BY MR. LENISKI: 13 Q. In any event, the first point 14 states, "Percentage of reported injection 15 observed for Opana ER CRF is not specific to 16 Tennessee," correct? 17 MR. LIMBACHER: Same objections. 18 THE WITNESS: You read that 19 accurately, yes. 20 BY MR. LENISKI: 21 Q. Okay. And was this Endo's 22 understanding -- or strike that. 23 Did Endo have any reason to 24 dispute that analysis we see in that first</p>

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<p style="text-align: right;">Page 614</p> <p>1 bullet point that I just read?</p> <p>2 MR. LIMBACHER: Objection, form</p> <p>3 and foundation, and it falls outside the</p> <p>4 scope of the topics on which he's been</p> <p>5 designated.</p> <p>6 THE WITNESS: Just by reviewing</p> <p>7 this, I don't have a basis to have an</p> <p>8 opinion on that.</p> <p>9 BY MR. LENISKI:</p> <p>10 Q. And then look at the third bullet</p> <p>11 states, "May portend further increases in other</p> <p>12 states as availability increases in those states</p> <p>13 and abusers become more experienced with the</p> <p>14 reformulation."</p> <p>15 Did I read that correctly?</p> <p>16 A. Yes, you did.</p> <p>17 Q. Okay. And at this time did Endo</p> <p>18 have any reason to dispute that analysis?</p> <p>19 MR. LIMBACHER: Same objections.</p> <p>20 THE WITNESS: Again, I didn't</p> <p>21 author these slides, so I really don't</p> <p>22 have a basis to either confirm nor</p> <p>23 dispute what is stated there.</p> <p>24 BY MR. LENISKI:</p>	<p style="text-align: right;">Page 616</p> <p>1 are no such numbers on the deck whatsoever.</p> <p>2 Q. And let me explain that. So this</p> <p>3 is how it was produced to us. The cover page</p> <p>4 says "Produced in Native Format."</p> <p>5 A. Yes.</p> <p>6 Q. And what you see ensuing is the</p> <p>7 printout of the native PowerPoint presentation,</p> <p>8 which is why there are no Bates stamps on it</p> <p>9 because we don't Bates stamp evidently native</p> <p>10 files.</p> <p>11 A. Okay, I understand. I just</p> <p>12 wanted to make sure that I was looking at the</p> <p>13 right thing.</p> <p>14 So I believe you asked me if I</p> <p>15 had seen this in preparation. I do not recall</p> <p>16 seeing this specific document.</p> <p>17 Q. Okay. The cover e-mail is from</p> <p>18 Mark Collins, and you recognize that Mr. Collins</p> <p>19 was a member of the risk management team,</p> <p>20 correct?</p> <p>21 A. I believe that's true, yes.</p> <p>22 Q. To Deborah Logan, and who is</p> <p>23 that?</p> <p>24 A. I believe Deborah Logan was one</p>
<p style="text-align: right;">Page 615</p> <p>1 Q. Put that down. Do you recall</p> <p>2 being asked some questions earlier about the</p> <p>3 risk management team?</p> <p>4 A. I recall that we've discussed</p> <p>5 that, but I don't recall the specific questions.</p> <p>6 Q. At no point did you in your</p> <p>7 individual capacity were a member of the risk</p> <p>8 management team, correct?</p> <p>9 A. That is correct.</p> <p>10 (Document marked for</p> <p>11 identification as Endo-Lortie Deposition</p> <p>12 Exhibit No. 57.)</p> <p>13 MR. LENISKI: I apologize, I</p> <p>14 think I need a copy back. Hand the</p> <p>15 witness Exhibit 57,</p> <p>16 ENDO-OPIOID_MDL-01333143.</p> <p>17 BY MR. LENISKI:</p> <p>18 Q. My question to you, and this is</p> <p>19 in your capacity as a 30(b)(6) witness, is</p> <p>20 whether or not you reviewed this document in</p> <p>21 preparation for your testimony today?</p> <p>22 A. Before I answer that, can I just</p> <p>23 point out that the next page has a different</p> <p>24 number on the bottom. It has 144 and then there</p>	<p style="text-align: right;">Page 617</p> <p>1 of our corporate attorneys. I'm not completely</p> <p>2 sure, but I believe that's the case.</p> <p>3 Q. If you look at page -- I'm sorry,</p> <p>4 item 6 on the agenda which is on page 2 of the</p> <p>5 PowerPoint.</p> <p>6 A. And so this is the PowerPoint,</p> <p>7 the November 2014 PowerPoint that's referred to</p> <p>8 in the attachment.</p> <p>9 Q. Correct, this is -- correct, so</p> <p>10 this is the PowerPoint that's identified in the</p> <p>11 cover e-mail.</p> <p>12 A. Okay. And you're pointing me to</p> <p>13 page 2, the agenda?</p> <p>14 Q. Correct.</p> <p>15 A. I have that in front of me now.</p> <p>16 Q. Do you see number 6, Inflexxion,</p> <p>17 third quarter 2014 update?</p> <p>18 A. Yes, I see that.</p> <p>19 Q. And you -- earlier you stated</p> <p>20 that you knew one of the data sources that Endo</p> <p>21 collected information from with respect to abuse</p> <p>22 was Inflexxion, correct?</p> <p>23 A. I did say that. I can't recall</p> <p>24 if Inflexxion was the provider or if it was the</p>

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<p>1 name of the report or both, but I remember 2 Inflexxion was involved in that. 3 Q. Okay. And if you look at the -- 4 I neglected to identify this, but on page 1 of 5 the slides it states, "November 2014, Opana ER, 6 Risk Management Committee Meeting, November 25, 7 2014," correct? 8 A. Yes, I see that. 9 Q. Okay. Can you turn to page -- 10 I'm sorry slide 14. 11 A. Slide 14. Mine, actually, I 12 don't have a slide 14. 13 MR. LIMBACHER: I don't either. 14 THE WITNESS: I go from 12 to 15. 15 MR. LENISKI: One second. Off 16 the record real quick. 17 THE VIDEOGRAPHER: Off the 18 record, 6:32. 19 (Pause.) 20 THE VIDEOGRAPHER: Back on the 21 record at 6:35. 22 BY MR. LENISKI: 23 Q. Exhibit 57 that I've handed you 24 was produced to us with odd numbered slides, so</p>	<p>1 Q. What is ASI-MV? 2 MR. LIMBACHER: I'm at this point 3 going to object to the extent that the 4 questioning you're now getting into 5 falls outside the scope of the topics on 6 which he's been designated. 7 THE WITNESS: I have no idea. I 8 don't recognize that nomenclature. 9 BY MR. LENISKI: 10 Q. Okay. And if you look at the 11 bottom part of the graph, there are various 12 categories. Do you recognize those as routes of 13 administration for abuse -- potential abuse of 14 Opana ER? 15 MR. LIMBACHER: Same objections. 16 THE WITNESS: Well, it's titled 17 routes of administration by region, and, 18 certainly, with the exception of oral, 19 which is an acceptable, approved, FDA 20 approved route of administration, 21 snorting, smoking, injecting are not. 22 So to the extent that it's identifying 23 those, I would agree with that, with 24 that qualification.</p>
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<p>1 what you have before you is what was produced to 2 at least Tennessee plaintiffs. So if it's 3 missing numbers, misnumbered slides, that's how 4 it was produced. I'll represent that to you, 5 okay? 6 MR. LIMBACHER: Joe, just so 7 we're clear on the record, I obviously 8 don't have the ability or opportunity to 9 verify what you just said, so I'll 10 object to questions with regard to 11 Exhibit 57 to the extent it's an 12 incomplete document, but I understand 13 what your position is, and go ahead and 14 ask your questions. 15 BY MR. LENISKI: 16 Q. Okay. If you turn to the slide 17 16. 18 A. Okay, yes, I have that in front 19 of me. 20 Q. Okay. And this slide title is 21 "Inflexxion ASI-MV - Routes of Administration by 22 Region," correct? 23 A. Yes, that's the title of the 24 slide.</p>	<p>1 BY MR. LENISKI: 2 Q. But it's not Endo's position, 3 correct, that Opana ER could not have been 4 abused vis-a-vis an oral route of 5 administration, correct? 6 MR. LIMBACHER: Same objections. 7 THE WITNESS: I think that's 8 accurate, correct. 9 BY MR. LENISKI: 10 Q. Okay. So if you look at the 11 fourth category over -- under "Inject," there's 12 a series of lines there, the first one lists a 13 percentage for a combination of all states, 14 correct? 15 A. Again, using that ASI-MV 16 nomenclature, the legend suggests that that 17 first bar is all ASI-MV states. 18 Q. Okay. And the second bar over is 19 for Tennessee, correct? 20 A. Yes, the next bar appears to be 21 Tennessee. It's not produced in color, but I 22 can see it on the screen here, that's helpful. 23 Q. And the last bar is for all other 24 states other than Tennessee, correct?</p>

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<p>1 A. Again, that's what the legend 2 tells us.</p> <p>3 Q. And was it Endo's understanding 4 at this time that there continued to be 5 problems, specifically in Tennessee, with 6 respect to abuse of Opana ER reformulated by 7 injection?</p> <p>8 MR. LIMBACHER: Objection, form, 9 foundation and outside the scope of the 10 topics on which he's been designated.</p> <p>11 THE WITNESS: I don't have a 12 basis to provide an answer to that.</p> <p>13 BY MR. LENISKI:</p> <p>14 Q. Take a look at the slide that's 15 19. Again, this is under the header "Inflexxion 16 ASI-MV," the second bullet down says, higher 17 percentage of reported injection observed for 18 Opana ER CRF is not limited to Tennessee.</p> <p>19 Did I read that correctly?</p> <p>20 MR. LIMBACHER: And, again, same 21 objections to the extent you're going to 22 be asking him questions on this document 23 in his capacity as a 30(b)(6) witness.</p> <p>24 THE WITNESS: You read that</p>	<p>1 THE WITNESS: I don't have a 2 basis to draw a conclusion as to what 3 that -- what that means.</p> <p>4 BY MR. LENISKI:</p> <p>5 Q. The third bullet reads, "The 6 number of prescriptions dispensed within a 7 geographic region is related to a product's 8 potential diversion and abuse."</p> <p>9 Did I read that correctly?</p> <p>10 A. Yes, you read that accurately.</p> <p>11 Q. And, once again, did Endo -- did 12 that bullet accurately reflect Endo's 13 understanding about how the number of 14 prescriptions dispensed within a geographic 15 region relates to a product's potential 16 diversion and abuse?</p> <p>17 MR. LIMBACHER: Objection, form, 18 foundation and outside the scope of the 19 topics on he's been designated.</p> <p>20 THE WITNESS: I don't have an -- 21 I don't have a basis to draw a 22 conclusion on that question, so I don't 23 know.</p> <p>24 BY MR. LENISKI:</p>
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<p>1 correctly. That's what I see 2 represented on the page.</p> <p>3 BY MR. LENISKI:</p> <p>4 Q. And do you know whether that 5 conclusion was -- or that observation was one 6 that Inflexxion made, or was that a conclusion 7 drawn by Endo based on its reviewer analysis of 8 the Inflexxion data we see here?</p> <p>9 MR. LIMBACHER: Same objections.</p> <p>10 THE WITNESS: I have no basis to 11 have an opinion on that, so I do not 12 know.</p> <p>13 BY MR. LENISKI:</p> <p>14 Q. Okay. Second bullet -- I'm 15 sorry -- the subbullet "higher abuse of Opana ER 16 CRF and opioids in general in this area compared 17 with other states."</p> <p>18 Did I read that correctly?</p> <p>19 A. Yes, I see that here on the page.</p> <p>20 Q. Okay. And does that accurately 21 reflect Endo's assessment of the rate of abuse 22 in Tennessee relative to other states as it 23 concerned Opana ER CRF at this time?</p> <p>24 MR. LIMBACHER: Same objections.</p>	<p>1 Q. And then the fourth bullet -- or 2 the subbullet there reads, the level of 3 prescriptions dispensed for Opana ER CRF in 4 Tennessee (307.39 prescriptions per 100,000 5 population) is the highest among states within 6 the ASI-MV network.</p> <p>7 Did I read that correctly?</p> <p>8 A. Yes, you read that accurately.</p> <p>9 Q. And, again, does that subbullet 10 accurately reflect Endo's understanding of what 11 the rate was for level of prescriptions 12 dispensed for Opana ER CRF in Tennessee at this 13 time?</p> <p>14 MR. LIMBACHER: Same objections.</p> <p>15 THE WITNESS: I don't have a 16 basis to draw a conclusion as to what 17 Endo's view was on that, so I do not.</p> <p>18 BY MR. LENISKI:</p> <p>19 Q. Okay. I'm done with that.</p> <p>20 Mr. Lortie, before your 21 deposition, counsel for Endo informed counsel 22 for Tennessee plaintiffs that you had no 23 Tennessee-specific knowledge.</p> <p>24 Was that an accurate statement?</p>

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<p style="text-align: right;">Page 626</p> <p>1 A. Yes, I think that's true.</p> <p>2 Q. Do you recall there being an</p> <p>3 instance during your time at Endo, and I'm</p> <p>4 asking you in your personal capacity, whether</p> <p>5 you were involved in discussions as to whether</p> <p>6 Endo should stop distributing Opana ER to the</p> <p>7 state of Tennessee? Do you recall that?</p> <p>8 A. Not in any detail, but, as you</p> <p>9 mentioned that, I remember that topic coming up</p> <p>10 to the extent that I was involved in the</p> <p>11 discussions or if somebody had mentioned it to</p> <p>12 me. I don't recall any detail, but, you know, I</p> <p>13 recall the topic.</p> <p>14 Q. Do you recall the timing when</p> <p>15 that topic arose?</p> <p>16 A. No, I do not.</p> <p>17 (Document marked for</p> <p>18 identification as Endo-Lortie Deposition</p> <p>19 Exhibit No. 58.)</p> <p>20 MR. LENISKI: Handing the witness</p> <p>21 Exhibit 58 to his deposition. This is</p> <p>22 ENDO-OPIOID_MDL-02667006.</p> <p>23 BY MR. LENISKI:</p> <p>24 Q. Mr. Lortie, do you recognize the</p>	<p style="text-align: right;">Page 628</p> <p>1 A. He reported up to me. I can't</p> <p>2 remember if he was reporting directly to me at</p> <p>3 that time, but he was reporting in my business.</p> <p>4 Q. Okay. And you write to</p> <p>5 Mr. Reckner, Jason, just making sure that you</p> <p>6 will take the lead on the Tennessee Opana ER</p> <p>7 actions from yesterday's review. And let's</p> <p>8 take -- well, let me just ask you, does that</p> <p>9 refresh your recollection at all about there</p> <p>10 being some meeting or review that you took part</p> <p>11 in to discuss the state of Tennessee in November</p> <p>12 of 2014?</p> <p>13 A. Not in specific detail. I think</p> <p>14 it's consistent with what I said to you a few</p> <p>15 minutes ago is that I generally recall the topic</p> <p>16 having come up in conversation. I don't recall</p> <p>17 what actions were ultimately taken or not, but</p> <p>18 what this suggests is that at the budget review</p> <p>19 with Rajeev, who was my boss, the chief</p> <p>20 executive, that there was a discussion about</p> <p>21 potentially stopping distribution, which, again,</p> <p>22 is consistent with my recollection that you</p> <p>23 refreshed my memory on.</p> <p>24 Q. And do you recall how that topic</p>
<p style="text-align: right;">Page 627</p> <p>1 e-mails I just handed you?</p> <p>2 A. I don't recall them specifically.</p> <p>3 I'm reading them right now, though.</p> <p>4 (Witness reviews document.)</p> <p>5 Okay. I have reviewed it. There's nothing on</p> <p>6 the second page other than the company logo; is</p> <p>7 that correct?</p> <p>8 Q. That's correct.</p> <p>9 Okay. So Exhibit 58 is two</p> <p>10 e-mails, correct?</p> <p>11 A. That is true, yes.</p> <p>12 Q. And the first e-mail</p> <p>13 chronologically at the bottom is from you to</p> <p>14 Jason Reckner on November 13, 2004, correct?</p> <p>15 A. 2014.</p> <p>16 Q. I'm sorry, 2014, thank you.</p> <p>17 A. That's correct.</p> <p>18 Q. Who is Jason Reckner?</p> <p>19 A. Jason at that point had</p> <p>20 responsibility for pain products portfolio. I</p> <p>21 don't recall specifically which products he had.</p> <p>22 His job evolved over time, but he worked on the</p> <p>23 pain marketing team.</p> <p>24 Q. Were you Mr. Reckner's boss?</p>	<p style="text-align: right;">Page 629</p> <p>1 got brought up during that budget review?</p> <p>2 A. No, I do not.</p> <p>3 Q. Do you recall -- so you don't</p> <p>4 recall who brought up that topic?</p> <p>5 A. That's correct, I do not recall</p> <p>6 that.</p> <p>7 Q. In any event, you in the e-mail</p> <p>8 below are asking him, Mr. Reckner that is, for</p> <p>9 particular items, and let's just take them one</p> <p>10 at a time.</p> <p>11 The first one is Tennessee</p> <p>12 distribution/prescriptions in a specific area,</p> <p>13 correct?</p> <p>14 A. Yes, that's what's written there.</p> <p>15 Q. Okay. And why were you asking</p> <p>16 Mr. Reckner to gather that information?</p> <p>17 A. Again, I don't recall any further</p> <p>18 detail other than the topic coming up. This</p> <p>19 sort of points us to the fact it came up during</p> <p>20 a budget review. I don't know who raised it, so</p> <p>21 I don't have specific recollection beyond what I</p> <p>22 just said.</p> <p>23 Q. Do you recall whether Mr. Reckner</p> <p>24 was able to get you the information about</p>

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<p style="text-align: right;">Page 630</p> <p>1 Tennessee distribution and prescriptions in a 2 specific area? 3 A. No, I do not recall. 4 (Document marked for 5 identification as Endo-Lortie Deposition 6 Exhibit No. 59.) 7 BY MR. LENISKI: 8 Q. Keep that one handy. 9 A. Okay. 10 Q. I'm handing you Exhibit 59 to 11 your deposition. This is 12 ENDO-OPIOID_MDL-02667012. It includes printouts 13 of native -- of a native version of the 14 spreadsheet that was attached. 15 A. Is it just -- it's what's 16 stapled, I guess, right? There was a paper 17 clip, but it doesn't appear to be doing 18 anything. 19 Q. Correct, you should have a 20 stapled version? 21 A. That's the entirety of the 22 exhibit there? 23 Q. Yes. 24 A. Okay. I'm sorry. If you asked</p>	<p style="text-align: right;">Page 632</p> <p>1 Have I read that correctly? 2 A. Yes, that's what's written here. 3 Q. Does that refresh your 4 recollection at all about the information that 5 you were asking Mr. Reckner to obtain after this 6 meeting or the purpose for which you were asking 7 him to obtain it? 8 MR. LIMBACHER: Object to form. 9 THE WITNESS: No, it does not. 10 BY MR. LENISKI: 11 Q. You see it later in the e-mail, 12 he writes, this is a follow-up from Rajeev's 13 budget meeting yesterday, correct? 14 A. Yes, on the bottom of that, yes, 15 I do see that. 16 Q. And go forward to the first page, 17 the e-mail at the top of the page, this is from 18 Ms. Donato and copying -- to Mr. Reckner copying 19 is that -- is Rowan a male or female? 20 A. It's a she. 21 Q. Okay. And who -- what was 22 Christina Donato's role at Endo? 23 A. Christina, if I recall correctly, 24 was in our commercial operations department, so</p>
<p style="text-align: right;">Page 631</p> <p>1 me a question, I was paying more attention to 2 the making sure I had the correct exhibit. 3 Q. No problem. 4 So I've handed you Exhibit 59. 5 It's a series of e-mails, which you are not 6 copied on, but the first e-mail in the sequence 7 is from Jason Reckner on November 13, 2014 at 8 9:10 a.m. 9 Do you see that on the second 10 page? 11 A. Yes. 12 Q. And he is writing to Rowan 13 D'Annibale; is that correct? 14 A. D'Annibale. 15 Q. And Christina Donato. The 16 subject is Tennessee volume, correct? 17 A. Yes, I see that. 18 Q. He writes, any chance either one 19 of you can help me understand the Opana ER 20 business in just Tennessee. Volume, net sales, 21 trends over 12 months, I probably can't have too 22 much information on this topic. Can we dig 23 deeper than just the state? Are zip codes 24 available?</p>	<p style="text-align: right;">Page 633</p> <p>1 she would have had access to prescription trends 2 and prescription information that was used for a 3 number of different things, and I think Rowan 4 was either a colleague or potentially Christina 5 reported to Rowan. I don't recall specifically. 6 They were both in commercial operations. 7 Q. And from what source was 8 Ms. Donato obtaining information about 9 prescription trends and prescription 10 information; do you know? 11 MR. LIMBACHER: Object to form 12 and foundation. I object to questioning 13 the witness with regard to a document 14 that he neither authored nor received. 15 THE WITNESS: I don't know. She 16 would have used whatever source that the 17 company was using at that point for 18 prescription level data. 19 BY MR. LENISKI: 20 Q. Do you know how long Endo had 21 been -- had access to information data about 22 prescription trends, prescription information 23 such as that which is being forwarded by 24 Ms. Donato in this exhibit?</p>

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<p style="text-align: right;">Page 634</p> <p>1 A. Specifically, I do not. I mean,</p> <p>2 generally, the company from time to time would</p> <p>3 access prescription data or prescription level</p> <p>4 data for a number of purposes, as I think we've</p> <p>5 testified yesterday as well, but, specifically,</p> <p>6 with regards to this, I can't tell you which</p> <p>7 source she used and the duration of that source.</p> <p>8 Q. Did Endo have access to</p> <p>9 prescription level data, at least as long as you</p> <p>10 were part of the company?</p> <p>11 MR. LIMBACHER: Object to form</p> <p>12 and foundation.</p> <p>13 THE WITNESS: Yes, data on</p> <p>14 prescriptions, that's correct.</p> <p>15 BY MR. LENISKI:</p> <p>16 Q. And in the e-mail Ms. Donato is</p> <p>17 telling Mr. Reckner, Hi Jason, please see the</p> <p>18 attached Opana ER TRx for the last 12 months.</p> <p>19 Tennessee is second largest contributor, 8.5% to</p> <p>20 Opana ER TRx volume compared to other states.</p> <p>21 Did I read that correctly?</p> <p>22 A. Yes, you read that sentence</p> <p>23 correctly.</p> <p>24 Q. Okay. And she goes on, last 12</p>	<p style="text-align: right;">Page 636</p> <p>1 that's in the spreadsheet with you?</p> <p>2 MR. LIMBACHER: Object to form.</p> <p>3 THE WITNESS: No.</p> <p>4 BY MR. LENISKI:</p> <p>5 Q. Do you know what, if anything,</p> <p>6 Endo -- and I'll ask you in 30(b)(6) capacity,</p> <p>7 do you know what if anything Endo did with the</p> <p>8 information that Mr. Reckner obtained from</p> <p>9 Ms. Donato with respect to the Tennessee data?</p> <p>10 MR. LIMBACHER: Objection, form</p> <p>11 and foundation and outside the scope of</p> <p>12 the topics on which he's been</p> <p>13 designated.</p> <p>14 THE WITNESS: No, I do not</p> <p>15 recall.</p> <p>16 BY MR. LENISKI:</p> <p>17 Q. Okay. Go back to Exhibit 58.</p> <p>18 This is the e-mail.</p> <p>19 A. I have it.</p> <p>20 Q. Look at the second item on your</p> <p>21 e-mail to Mr. Reckner. You asked the question</p> <p>22 "What if we closed off distribution there?" And</p> <p>23 then right below that you write "Impact on</p> <p>24 sales?"</p>
<p style="text-align: right;">Page 635</p> <p>1 months, total Opana ER TRx volume was 47,742.</p> <p>2 There are 938 Opana ER prescribers in the last</p> <p>3 12 months in Tennessee.</p> <p>4 Did I read that correctly?</p> <p>5 A. You did, yes.</p> <p>6 Q. Now, to your knowledge, how long</p> <p>7 had Endo been able to access data which -- by</p> <p>8 which it could tell how many Opana ER</p> <p>9 prescribers were in a given state?</p> <p>10 MR. LIMBACHER: Objection, form</p> <p>11 and foundation.</p> <p>12 THE WITNESS: I don't know. I'm</p> <p>13 not aware of the specific source or how</p> <p>14 long the company had access to that.</p> <p>15 BY MR. LENISKI:</p> <p>16 Q. Do you know if the company had</p> <p>17 access to such data at least as long as you were</p> <p>18 part of the company?</p> <p>19 A. I don't.</p> <p>20 Q. Take a look, I'm not going to ask</p> <p>21 you any questions in detail about the attached</p> <p>22 spreadsheet that Ms. Donato forwarded to</p> <p>23 Mr. Reckner, but in looking at it, do you recall</p> <p>24 whether Mr. Reckner ever shared this information</p>	<p style="text-align: right;">Page 637</p> <p>1 Did I read those correctly?</p> <p>2 A. You did, yes.</p> <p>3 Q. Okay. What do you recall -- do</p> <p>4 you recall why you asked Mr. Reckner to obtain</p> <p>5 information about the potential impact on Endo</p> <p>6 sales if we were to close off distribution in</p> <p>7 Tennessee?</p> <p>8 MR. LIMBACHER: Object to form.</p> <p>9 THE WITNESS: I do not know.</p> <p>10 BY MR. LENISKI:</p> <p>11 Q. Do you know whether Mr. Reckner</p> <p>12 was able to get you the information that you</p> <p>13 asked him to obtain which would tell you what</p> <p>14 the impact on Endo sales would be if it closed</p> <p>15 off distribution with the state of Tennessee?</p> <p>16 A. No, I don't.</p> <p>17 Q. And then you write, "What did</p> <p>18 Purdue do and how? (Brian Munroe can provide</p> <p>19 assistance on this one through his contacts)."</p> <p>20 Did I read that correctly?</p> <p>21 A. Yes, you did.</p> <p>22 Q. Okay. And what did you mean by</p> <p>23 that?</p> <p>24 MR. LIMBACHER: Object to form.</p>

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<p style="text-align: right;">Page 638</p> <p>1 THE WITNESS: I don't</p> <p>2 specifically recall.</p> <p>3 BY MR. LENISKI:</p> <p>4 Q. Okay. Looking at Mr. Reckner's</p> <p>5 e-mail above, his second line of his e-mail</p> <p>6 writes -- he is writing to Mr. Munroe and he</p> <p>7 writes, "We understand that Purdue has done this</p> <p>8 with OxyContin," correct?</p> <p>9 A. Yes, you've read that accurately.</p> <p>10 Q. Okay. Does that refresh your</p> <p>11 recollection at all about what you were asking</p> <p>12 Mr. Reckner, what information you were asking</p> <p>13 him to obtain with respect to what Purdue did in</p> <p>14 the state of Tennessee?</p> <p>15 A. No. I think the document itself</p> <p>16 actually outlines what I asked in the e-mail,</p> <p>17 but this doesn't add to my recollection.</p> <p>18 Q. To the best of your knowledge,</p> <p>19 were you the point person for this item that was</p> <p>20 discussed at the budget meeting to determine</p> <p>21 whether or not Opana ER in the state of</p> <p>22 Tennessee, Endo should stop selling that product</p> <p>23 in the state of Tennessee?</p> <p>24 MR. LIMBACHER: Object to form.</p>	<p style="text-align: right;">Page 640</p> <p>1 in 2014 forward?</p> <p>2 MR. LIMBACHER: Object to form.</p> <p>3 THE WITNESS: I don't recall that</p> <p>4 we did, and I don't recall that we did</p> <p>5 not. I mean, it's been several years</p> <p>6 since this happened, so I don't recall.</p> <p>7 BY MR. LENISKI:</p> <p>8 Q. In your 30(b)(6) capacity, do you</p> <p>9 know why Endo discussed a policy of halting</p> <p>10 distributing Opana ER in the state of Tennessee</p> <p>11 in 2014?</p> <p>12 MR. LIMBACHER: Object to form</p> <p>13 and foundation and outside the scope of</p> <p>14 the topics on which he's been</p> <p>15 designated.</p> <p>16 THE WITNESS: I don't recall, no.</p> <p>17 BY MR. LENISKI:</p> <p>18 Q. Whose decision -- who would have</p> <p>19 to be the decision-maker in this instance to</p> <p>20 decide whether or not Endo should close off</p> <p>21 distributing Opana ER to the state of Tennessee;</p> <p>22 do you know?</p> <p>23 MR. LIMBACHER: Same objections.</p> <p>24 THE WITNESS: It certainly would</p>
<p style="text-align: right;">Page 639</p> <p>1 THE WITNESS: Your question is</p> <p>2 was I the point person?</p> <p>3 BY MR. LENISKI:</p> <p>4 Q. Correct.</p> <p>5 A. I don't recall that being the</p> <p>6 case, no.</p> <p>7 Q. Do you recall who was the point</p> <p>8 person if it was not you?</p> <p>9 MR. LIMBACHER: Object to form.</p> <p>10 THE WITNESS: I don't recall.</p> <p>11 The e-mail suggests that I've asked</p> <p>12 Jason to take the lead, so to the extent</p> <p>13 that means he was the point person, but</p> <p>14 that's only from reading the e-mail. I</p> <p>15 don't recall any specific details.</p> <p>16 BY MR. LENISKI:</p> <p>17 Q. Do you know how this topic of</p> <p>18 whether or not to close off distribution of</p> <p>19 Opana ER in the state of Tennessee, how that was</p> <p>20 resolved?</p> <p>21 A. I do not sitting here today, no.</p> <p>22 Q. As sitting here today, are you</p> <p>23 aware that Endo did not, in fact, close off</p> <p>24 distributing Opana ER in the state of Tennessee</p>	<p style="text-align: right;">Page 641</p> <p>1 not have been part of any stated company</p> <p>2 policy. That's not a typical decision,</p> <p>3 so I would say that if a decision like</p> <p>4 that were to ever be made with regards</p> <p>5 to Tennessee or any other state, it</p> <p>6 would probably be the chief executive.</p> <p>7 I mean, ultimately, that's the person</p> <p>8 who is responsible for the company.</p> <p>9 BY MR. LENISKI:</p> <p>10 Q. Can you recall an instance where</p> <p>11 Endo discussed ceasing distribution of Opana ER</p> <p>12 in any state other than Tennessee?</p> <p>13 MR. LIMBACHER: Object to form</p> <p>14 and foundation.</p> <p>15 THE WITNESS: No, I don't. I</p> <p>16 didn't recall Tennessee either until you</p> <p>17 brought it up, so, no, I don't.</p> <p>18 MR. LENISKI: I don't think I</p> <p>19 have any further questions. Thank you.</p> <p>20 MR. LIMBACHER: Take a short</p> <p>21 break.</p> <p>22 THE VIDEOGRAPHER: Going off the</p> <p>23 record, 6:59.</p> <p>24 (Brief recess.)</p>

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<p style="text-align: right;">Page 642</p> <p>1 THE VIDEOGRAPHER: We are back on</p> <p>2 the record at 7:18.</p> <p>3 BY MR. LIMBACHER:</p> <p>4 Q. Good evening, Mr. Lortie. Now</p> <p>5 it's my opportunity to ask you some questions.</p> <p>6 I know it's been a couple of very long days.</p> <p>7 It's after 7:00 at night. I'm not going to</p> <p>8 prolong this too much, but I want to just have</p> <p>9 you, first of all, tell us a little bit about</p> <p>10 yourself.</p> <p>11 Tell us where do you live?</p> <p>12 A. I live in the Western suburbs of</p> <p>13 Philadelphia in Paoli, Pennsylvania.</p> <p>14 Q. And are you married, sir?</p> <p>15 A. I am, yes.</p> <p>16 Q. Do you have kids?</p> <p>17 A. I have two lovely daughters, both</p> <p>18 grown.</p> <p>19 Q. And I know it's been covered over</p> <p>20 the course of the past couple days, but remind</p> <p>21 us, when were you employed at Endo?</p> <p>22 A. I began in July of 2009, and I</p> <p>23 left in September of 2016.</p> <p>24 Q. Where do you work now?</p>	<p style="text-align: right;">Page 644</p> <p>1 into a marketing role, where I grew through a</p> <p>2 number of different roles of increasing</p> <p>3 responsibility. I was then given the</p> <p>4 opportunity to take my family and move to</p> <p>5 Ireland for four years.</p> <p>6 Q. Nice.</p> <p>7 A. And I was the general manager</p> <p>8 there of our pharmaceutical business.</p> <p>9 Returning from Ireland, I was</p> <p>10 posted to a senior sales management job based in</p> <p>11 Dallas, Texas for about 18 months or so and from</p> <p>12 there returned to the home office in</p> <p>13 Philadelphia as a commercial leader with -- as a</p> <p>14 marketing vice president.</p> <p>15 Q. And when you left GSK, was that</p> <p>16 in 2009?</p> <p>17 A. Yes.</p> <p>18 Q. And you left there, then started</p> <p>19 at Endo?</p> <p>20 A. That's correct. I was recruited</p> <p>21 to Endo.</p> <p>22 Q. And what was your job title when</p> <p>23 you first started working at Endo in 2009?</p> <p>24 A. It was senior vice president of</p>
<p style="text-align: right;">Page 643</p> <p>1 A. I work for a company called</p> <p>2 Onspira Therapeutics.</p> <p>3 Q. And what do you do there?</p> <p>4 A. I'm the CEO.</p> <p>5 Q. Can you tell us just a little bit</p> <p>6 about your education, please.</p> <p>7 A. Yes, I went to Boston University</p> <p>8 for my undergraduate, pursued a premedical</p> <p>9 curriculum, graduated with honors in 1982 and</p> <p>10 then went to work essentially almost the</p> <p>11 entirety of my career in the pharmaceutical</p> <p>12 industry, starting with Smith, Kline &amp; French,</p> <p>13 which became SmithKline Beecham which then</p> <p>14 became GlaxoSmithKline, had a number of</p> <p>15 different assignments along the way starting in</p> <p>16 the --</p> <p>17 Q. If I can interrupt, when did you</p> <p>18 start actually at GlaxoSmithKline or one of the</p> <p>19 predecessor companies?</p> <p>20 A. In the mid '80s, '84, '85, '86 in</p> <p>21 that area. I think my resume is available.</p> <p>22 I began in sales force. I spent</p> <p>23 year and a half or two years in the sales force,</p> <p>24 and then I was transferred into the home office</p>	<p style="text-align: right;">Page 645</p> <p>1 the pain business.</p> <p>2 Q. And did your title change over</p> <p>3 the course of the years that you worked with the</p> <p>4 company?</p> <p>5 A. Yes, it did.</p> <p>6 Q. And when you left in 2016, what</p> <p>7 was your job title at that point in time?</p> <p>8 A. I was president of the</p> <p>9 pharmaceutical business.</p> <p>10 Q. And what were your basic</p> <p>11 responsibilities while you were running the pain</p> <p>12 part of the business for Endo during this period</p> <p>13 of 2009 until 2016?</p> <p>14 A. So when I was the senior vice</p> <p>15 president of the pain business, I had</p> <p>16 essentially commercial responsibility for our --</p> <p>17 the entirety of the pain portfolio, half a dozen</p> <p>18 products, large and small, with responsibility</p> <p>19 for the sales and marketing functions and some</p> <p>20 of the ancillary support functions.</p> <p>21 Over time, as my career grew and</p> <p>22 the company changed, I added responsibilities.</p> <p>23 In early 2011 I took on responsibility for the</p> <p>24 piece of the branded business that was not pain</p>

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<p style="text-align: right;">Page 646</p> <p>1 related and, therefore, from January 2011, if  2 I'm correct, onward, I had essentially  3 responsibility for all commercial aspects of  4 branded pharmaceuticals as distinct from  5 generics or later devices and information  6 technology.  7 Q. And when you started with the  8 company in 2009, did you have some  9 responsibility for Opana ER?  10 A. Yes, Opana was one of the  11 products in the pain products portfolio.  12 Q. One of the documents that we  13 talked about a lot over the last couple of days  14 is this Risk Minimization Action Plan that got  15 marked as Exhibit 7.  16 Do you have that in front of you,  17 sir?  18 A. Yes, I do.  19 Q. And when you started at the  20 company in 2009, did you familiarize yourself  21 with the Risk Minimization Action Plan?  22 A. Yes, I was certainly aware of the  23 goals and objectives of the RiskMAP, as we  24 called it, all of the various responsibilities</p>	<p style="text-align: right;">Page 648</p> <p>1 identify the different strategy and tools that  2 the company used to try to minimize the risks  3 that you described?  4 MS. SCULLION: Objection,  5 leading.  6 THE WITNESS: It does, and I also  7 referred to the -- you know, originally  8 to the table of contents, which is the  9 comprehensive list, but on page 9 it  10 starts to put some context into the  11 strategy and tools.  12 BY MR. LIMBACHER:  13 Q. And what are some of the strategy  14 and tools that are identified in the RiskMAP?  15 A. Well, referring in order, the  16 first that's mentioned is the product labeling.  17 This, of course, is an important document for  18 any prescription medicine, particularly so for  19 opioids, in that it's the result of submission  20 of clinical data, manufacturing data, all  21 aspects of a pharmaceutical product, reviewed by  22 the FDA, upon which at the end of their review,  23 the agency makes a decision on whether or not to  24 approve that product for sale.</p>
<p style="text-align: right;">Page 647</p> <p>1 contained within that.  2 Q. And was the RiskMAP in place when  3 you started with the company in 2009?  4 A. It was, yes.  5 Q. And when you went back and  6 reviewed it, what was your understanding as to  7 the purpose of the RiskMAP, generally?  8 MS. SCULLION: Objection,  9 mischaracterizes the testimony.  10 THE WITNESS: My recollection is  11 that the RiskMAP really formed the  12 foundation for a broad set of activities  13 that the company undertook to do its  14 best to mitigate abuse and diversion of  15 its controlled substances, ranging from  16 education to monitoring to reporting to  17 education and training of the sales  18 force, many, many different things, all  19 of which are outlined actually in the  20 RiskMAP itself.  21 BY MR. LIMBACHER:  22 Q. Well, let's take a look at some  23 of that, please. If you could turn to page 9 of  24 the RiskMAP. Is that where it starts to</p>	<p style="text-align: right;">Page 649</p> <p>1 The labeling is critical in that  2 it has to be part of every interaction that a  3 representative of the company has with a  4 representative of the healthcare practitioner's  5 universe, and it outlines the safety aspects,  6 the efficacy aspects, the summaries of the  7 clinical trial, how the products are supplied,  8 all things that a physician should know to make  9 an informed prescription, because, of course,  10 all of these products need to be prescribed to a  11 patient by a physician who is licensed to do so.  12 MS. SCULLION: Move to strike as  13 nonresponsive.  14 BY MR. LIMBACHER:  15 Q. Does the RiskMAP set out an  16 educational component?  17 A. Yes, there are components of  18 education in the RiskMAP both for healthcare  19 practitioners as well as for patients. It also  20 outlines some of the requirements for sales  21 force education and training and documentation  22 and the like.  23 Q. And if I can jump ahead to page  24 25 of the RiskMAP, were there certain databases</p>

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<p style="text-align: right;">Page 650</p> <p>1 that the company accessed to try to obtain 2 information? 3 A. Yes. The company did subscribe 4 to and monitor a number of different available 5 surveillance databases or vendors to -- that in 6 a variety of ways, using a variety of tools 7 would present that information as part of the 8 company's surveillance of the way the products 9 were used or abused. 10 Q. And the information that the 11 company was accessing, was that reviewed by 12 different individuals at the company? 13 A. Yes. 14 Q. And if I could refer you to page 15 30 of the RiskMAP. Do you see where it says 16 there "Evaluation Plan"? 17 A. Yes, I do. 18 Q. And how did Endo go about 19 evaluating the information that it was 20 gathering? 21 MS. SCULLION: Objection, 22 foundation. 23 THE WITNESS: Well, there were 24 two teams, two sets of company</p>	<p style="text-align: right;">Page 652</p> <p>1 involved in that. 2 The risk management team was 3 similar. I think most of those 4 functions were also represented. In 5 addition, there was a commercial 6 representative, usually the product 7 manager or his or her designee on that 8 team, and that was -- to my 9 recollection, was specifically for our 10 Opana ER in this case or our controlled 11 substances. 12 BY MR. LIMBACHER: 13 Q. I think you were shown a copy of 14 one of these, but did Endo provide any regular 15 updates of its RiskMAP activities to the FDA? 16 A. Yes, it did. My understanding is 17 that that was a requirement and an agreement 18 between the FDA and companies that 19 commercialized controlled substances is that 20 regular reports, if I recall correctly, they 21 were quarterly in nature, that were a standard 22 part of the -- making sure that the FDA was 23 aware of what the company knew and the actions 24 the company was taking, so sort of a progress</p>
<p style="text-align: right;">Page 651</p> <p>1 employees, cross-functional in nature in 2 both cases, who, among other 3 responsibilities, were accountable for 4 monitoring the things you just pointed 5 out, one being the safety review board, 6 the other being what we called the risk 7 management team. They differed a little 8 bit. 9 Safety review board was in place 10 for all products, all prescription 11 products, and their job was to monitor 12 for adverse events, safety signals, 13 regardless of whether it was a 14 controlled substance or not. 15 The members of the safety review 16 board, to my recollection, I think it's 17 actually pointed out here, would include 18 physicians from our medical, scientific 19 departments, professionals from our drug 20 safety and pharmacovigilance group, 21 whose job it was specifically to monitor 22 these types of signals, scientific 23 affairs, regulatory affairs. I believe 24 there's somebody from legal that was</p>	<p style="text-align: right;">Page 653</p> <p>1 report. 2 MS. SCULLION: Move to strike the 3 narrative beyond, "yes, it did." 4 BY MR. LIMBACHER: 5 Q. And based on your experience at 6 the company, Mr. Lortie, how did Endo approach 7 its commitments that are laid out in the RiskMAP 8 document that we've been talking about? 9 MS. SCULLION: Objection to form, 10 foundation. 11 THE WITNESS: Endo took those 12 commitments and those responsibilities 13 very seriously. It always -- the 14 entirety of the time I was there was 15 part of the company culture and just 16 really what the company was about as a 17 provider of pain medicine that was 18 deeply rooted in providing medicines for 19 patients who suffered from chronic pain 20 that it understood that there was also 21 required to be serious attention paid to 22 the potential for misuse, abuse, 23 diversion of these products. The 24 RiskMAP really memorialized that once</p>

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<p style="text-align: right;">Page 654</p> <p>1 the first extended-release opioid was 2 put on the market. 3 MS. SCULLION: Objection, move to 4 strike as nonresponsive to the extent he 5 talked about information beyond the 6 RiskMAP. 7 BY MR. LIMBACHER: 8 Q. I think you mentioned sales force 9 training as one of the components of the 10 RiskMAP. What, if anything, were sales reps 11 trained to do if they learned of information 12 that raised concerns about possible diversion of 13 Opana? 14 A. Every sales representative was 15 trained by the company upon the initiation of 16 their employment or their assignment to a sales 17 responsibility, and those training activities 18 were updated over time. We also had training in 19 place for managers and sales leaders as well. 20 Part of that, in addition to learning about the 21 specifics about the medicines and the disease 22 that they treated, was -- specifically with 23 regards to the controlled substances was 24 explicit training on how to watch out for and</p>	<p style="text-align: right;">Page 656</p> <p>1 that you were just mentioning. I think you have 2 it in front of you. It was marked by counsel as 3 Exhibit 10. 4 Do you have that there, 5 Mr. Lortie? 6 A. Yes, I do. 7 Q. And what are some of the things 8 that are -- that the sales reps were to be 9 looking for to see if there was any suspected 10 diversion? 11 A. I can read some of them here. I 12 mean, there were nine specifically listed that 13 were signals or attributes of situations that a 14 rep may encounter in the course of their 15 day-to-day responsibilities. They include a 16 large proportion of prescriptions being paid for 17 in cash, drugs and doses being prescribed not 18 individualized, meaning every prescription that 19 was written by a physician was for 40-milligram 20 tablets rather than titrated to a given -- the 21 need of a given individual patient. 22 Lack of qualified office staff, 23 such as no nurses or PAs in the office. Special 24 entrance requirements to the practice or lack of</p>
<p style="text-align: right;">Page 655</p> <p>1 what the signals to watch out for for evidence 2 that they may encounter in the course of their 3 day-to-day job with regards to potential abuse 4 and diversion and misuse. 5 They had explicit instructions on 6 what to do, and that was, you know, in essence, 7 to report that up through their leadership 8 channel, also to compliance and legal. There 9 were a set of very clear guidances on how to do 10 that, and, in fact, there's a specific form that 11 I think I referred to earlier in my testimony 12 that had a number of attributes that were 13 reminders to the sales rep of things that if 14 they were to encounter those were signals that 15 they should report, and then there were actions 16 that the company took once that initiation took 17 place. 18 Q. Let's take a look at that -- 19 MS. SCULLION: Objection, sorry, 20 move to strike everything before part of 21 that and everything that discussed 22 anything except the sales training. 23 BY MR. LIMBACHER: 24 Q. Let's take a look at that form</p>	<p style="text-align: right;">Page 657</p> <p>1 signage that indicates, you know, what you would 2 normally expect to see. Large distances between 3 the doctor, patients and pharmacy. High 4 frequency of prescriptions to replace lost 5 prescriptions or medications. Managed care 6 organization excluding a particular physician 7 from the ability to write prescriptions that are 8 reimbursed by that managed care organization. A 9 presence of law enforcement in or around the 10 office. Indication from the prescriber to the 11 sales representative personally that the 12 prescriber is no longer allowed or able to 13 prescribe scheduled products. And then there's 14 a section here, of course, that the 15 representative could fill in if there was 16 something that fell outside of those particular 17 attributes that caused them concern. 18 Q. When you joined the company, what 19 was the state of the development of the 20 reformulated version of Opana? 21 MS. SCULLION: Objection, 22 foundation. 23 THE WITNESS: To my recollection, 24 it certainly was in development and</p>

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<p style="text-align: right;">Page 658</p> <p>1       underway. The product was submitted to</p> <p>2       the FDA in 2010, I believe, and, of</p> <p>3       course, it was the subject of a typical</p> <p>4       and lengthy and comprehensive</p> <p>5       development program that involved trying</p> <p>6       out different formulations, finding</p> <p>7       formulations that worked during the</p> <p>8       clinical trials, putting those clinical</p> <p>9       trials together, submitting the dossier.</p> <p>10      That's a comprehensive process, of</p> <p>11      course, and it takes some time. So, you</p> <p>12      know, my recollection is that that began</p> <p>13      perhaps in 2006 or 2007, certainly began</p> <p>14      before 2009, because, as I said --</p> <p>15      because, as I said, the submission was</p> <p>16      done in 2010, I believe.</p> <p>17             MS. SCULLION: Move to strike,</p> <p>18      everything, the narrative beyond the</p> <p>19      statement "development and underway."</p> <p>20      BY MR. LIMBACHER:</p> <p>21             Q.    As head of the pain business at</p> <p>22      Endo at this time when you joined the company in</p> <p>23      2009, did you come to understand why the company</p> <p>24      embarked on a program to develop a new</p>	<p style="text-align: right;">Page 660</p> <p>1             characteristics."</p> <p>2      BY MR. LIMBACHER:</p> <p>3             Q.    Did you participate in meetings</p> <p>4      with the DEA, Mr. Lortie, regarding Endo's</p> <p>5      development of a reformulated version of Opana</p> <p>6      ER?</p> <p>7             A.    I do recall at least one meeting</p> <p>8      where I personally attended with the DEA on that</p> <p>9      topic, yes.</p> <p>10            Q.    Let me show you what we've marked</p> <p>11      as Exhibit number 60.</p> <p>12                   (Document marked for</p> <p>13                   identification as Endo-Lortie Deposition</p> <p>14                   Exhibit No. 60.)</p> <p>15      BY MR. LIMBACHER:</p> <p>16            Q.    I ask you to take a look at that</p> <p>17      and let us know if this references that meeting</p> <p>18      that you just testified about.</p> <p>19            A.    (Witness reviews document.)</p> <p>20            MS. SCULLION: Do you want to</p> <p>21      read the Bates number into the record?</p> <p>22            MR. LIMBACHER: Sure. It's Bates</p> <p>23      number END00027562.</p> <p>24            THE WITNESS: Yes, this is the</p>
<p style="text-align: right;">Page 659</p> <p>1      formulation of Opana?</p> <p>2            A.    My understanding was, and, again,</p> <p>3      this development was underway prior to my</p> <p>4      arrival, but that it was undertaken as a result</p> <p>5      of the company realizing that one of the routes</p> <p>6      of abuse and misuse that was being seen for</p> <p>7      long-acting opioids, not just Opana but others</p> <p>8      as well, was the crushing and snorting, so</p> <p>9      insufflation, and the company realized through</p> <p>10     investigation that there was an ability from a</p> <p>11     technological standpoint that had a chance of</p> <p>12     mitigating that through physical</p> <p>13     characteristics.</p> <p>14            They embarked on finding a</p> <p>15     technology that worked, licensing that</p> <p>16     technology in and then completing a development</p> <p>17     program, but it was all done to mitigate one</p> <p>18     form of abuse. Everybody recognized, of course,</p> <p>19     that there was no one approach that would</p> <p>20     mitigate all forms of abuse, but crushing and</p> <p>21     snorting was a big problem, and it was one that</p> <p>22     the company thought they could solve.</p> <p>23            MS. SCULLION: Objection to the</p> <p>24     narrative beyond "physical</p>	<p style="text-align: right;">Page 661</p> <p>1            meeting that I had in mind.</p> <p>2      BY MR. LIMBACHER:</p> <p>3            Q.    And this is an e-mail dated</p> <p>4      July 13th of 2011; is that right?</p> <p>5            A.    Yes, that's correct.</p> <p>6            Q.    And the e-mail is written by</p> <p>7      Steven Cowan?</p> <p>8            A.    Yes.</p> <p>9            Q.    Was Mr. Cowan also at the</p> <p>10     meeting?</p> <p>11           A.    He was, yes.</p> <p>12           Q.    And did you receive a copy of the</p> <p>13     e-mail that's been marked as Exhibit 60?</p> <p>14           A.    I'm cc'd on it, so, yes, I'm sure</p> <p>15     I did.</p> <p>16           Q.    And do you recall attending this</p> <p>17     particular meeting?</p> <p>18           A.    I do, yes.</p> <p>19           Q.    And what do you recall about the</p> <p>20     DEA's views regarding Endo's plans to introduce</p> <p>21     a reformulated version of Opana ER?</p> <p>22           MS. SCULLION: Objection,</p> <p>23     foundation.</p> <p>24           THE WITNESS: I recall very</p>

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<p>1 clearly that the DEA, first of all, by 2 the fact that they allowed us to have 3 this meeting with the fairly high 4 ranking number of DEA personnel was 5 quite remarkable, and I recall them 6 indicating to us that they were also -- 7 they shared our objective of making 8 incremental steps to try and mitigate 9 abuse of in this case -- in our case of 10 Opana. They recognized that crushing 11 and snorting was an important route of 12 abuse and misuse, and they were 13 particularly aligned with our efforts in 14 support of -- in fact, there's some text 15 in here that indicates the DEA being 16 highly aligned with Endo's plan to 17 introduce a new formulation as quickly 18 as possible. 19 And, again, generally, I recall 20 them recognizing and being in alignment 21 with our recognition of the problem and 22 our plans to try to address it. 23 MS. SCULLION: Note also my 24 objection to the hearsay.</p>	<p>1 6 of Exhibit 55. It has the heading "Abuse &amp; 2 Misuse Overview." 3 A. Yes, I have slide 6. 4 Q. Did counsel show this particular 5 slide to you? 6 A. I do not believe he did, no. 7 Q. Can you summarize for us what's 8 set forth on this particular slide? 9 MS. SCULLION: Objection to form, 10 foundation. As I recall, the objection 11 was made to the witness testifying about 12 the slide deck on the grounds that he 13 did not recall it. 14 BY MR. LIMBACHER: 15 Q. You can go ahead and answer the 16 question. 17 A. Thank you. So what I read on 18 this slide is that it's acknowledging -- that 19 the author is acknowledging after the previous 20 slides to set up whatever the discussion is and, 21 again, just to reinforce, I wasn't part of that 22 discussion, so I don't know who the audience was 23 or the context, but after setting that up with 24 some of the previous slides that I reviewed, the</p>
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<p>1 BY MR. LIMBACHER: 2 Q. If you have in front of you 3 Exhibit 55. I wanted to ask you a couple of 4 questions about that. That's one of the 5 exhibits that counsel from Tennessee was asking 6 you about. 7 A. And you said 55? 8 Q. Yes. 9 A. Thank you. Sorry about that. 10 Q. Take a look at Exhibit 55. 11 Do you recall being asked 12 questions about this particular document by 13 counsel representing plaintiffs from Tennessee? 14 A. Yes, I do. 15 Q. And do you recall that the 16 questions you were being asked suggested that 17 Endo considered abuse and misuse an issue of 18 mere perception? 19 A. I do recall that, yes. 20 Q. Did he show you various pages 21 from the slide deck that is attached to the 22 first page of Exhibit 55? 23 A. Yes, he did. 24 Q. Let me refer you to slide number</p>	<p>1 author now states that abuse and misuse, at 2 least in the view of the author, is a real 3 public health epidemic, a real public health 4 epidemic and has several points of support for 5 that statement, including number of overdoses, 6 deaths related to overdoses, how many Americans 7 reported nonmedical use of prescription pain 8 medications, emergency department visits, 9 nonmedical use of prescriptions medications 10 costing health insurers billions of dollars. 11 So it puts into context, I think, 12 a view on the seriousness of the abuse and 13 misuse of controlled substances. 14 Q. We've been here two days and 15 you've answered a lot of questions, Mr. Lortie. 16 I just want to have you step back for just a 17 moment and ask you how would you describe Endo's 18 efforts to minimize the risk of abuse and 19 diversion of Opana? 20 MS. SCULLION: Objection to form. 21 THE WITNESS: I spent seven years 22 or so there in a senior position, always 23 with some close proximity to the pain 24 business, and it was a company that was</p>

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<p style="text-align: right;">Page 666</p> <p>1 deeply rooted in pain therapeutics and, 2 therefore, believed importantly that 3 patients who suffer from chronic pain 4 deserve access to medicines that help 5 them live as nearly normal a life as 6 possible. 7 The company always also 8 recognized that there's a potential for 9 diversion and misuse and abuse of these 10 medicines. That's been long established 11 long before I got there. 12 And, therefore, always had in 13 place not just policies and procedures 14 and professionals whose job it was to 15 play an important role in making sure to 16 the extent of the company's capabilities 17 that that was taken seriously and 18 necessary steps were taken, but also a 19 company culture of compliance with 20 regulations and the spirit so that there 21 wasn't jeopardy to patients who deserved 22 to have access to important medicines to 23 live their normal lives. 24 So it was not just company</p>	<p style="text-align: right;">Page 668</p> <p>1 withdrew original Opana ER for safety reasons, 2 correct, discontinued for safety reasons? 3 MR. LIMBACHER: Object to form. 4 THE WITNESS: That was our 5 understanding at the time, yes. 6 BY MS. SCULLION: 7 Q. And the safety reasons for which 8 Endo cited for the withdrawal were that Opana ER 9 was subject to both intentional and inadvertent 10 abuse and misuse, correct? 11 MR. LIMBACHER: Object to form. 12 THE WITNESS: I believe that to 13 be the case at the time. That was the 14 company's understanding, yes. 15 BY MS. SCULLION: 16 Q. And, in fact, throughout the time 17 that Endo was submitting RiskMAP updates to the 18 FDA, Endo was consistently noting case after 19 case of abuse and misuse of Opana ER, correct? 20 MR. LIMBACHER: Object to form. 21 THE WITNESS: The subject of the 22 RiskMAP -- of the RiskMAP updates would 23 have included that type of information, 24 that is correct.</p>
<p style="text-align: right;">Page 667</p> <p>1 activity, but it was really a cultural 2 aspect of compliance, and I'm proud of 3 my time there. I really feel that the 4 company did what it could and always 5 took it very seriously. 6 MS. SCULLION: Move to strike as 7 improper narrative. 8 MR. LIMBACHER: Thank you, 9 Mr. Lortie. That's all the questions I 10 have. 11 THE VIDEOGRAPHER: Going off the 12 record at 7:43 p.m. 13 (Brief recess.) 14 THE VIDEOGRAPHER: We are back on 15 the record at 8:01. 16 BY MS. SCULLION: 17 Q. Mr. Lortie, welcome back. 18 Counsel had asked you to describe 19 Endo's efforts to minimize their risk of abuse 20 and diversion of Opana. 21 Do you remember he asked that 22 question? 23 A. Yes, I do. 24 Q. Okay. Now, the fact is that Endo</p>	<p style="text-align: right;">Page 669</p> <p>1 BY MS. SCULLION: 2 Q. Let's look at some of the RiskMAP 3 updates. Can you pull back Exhibit Number 50. 4 A. I will find it, yes. 5 Q. Do you have Exhibit Number 50 in 6 front of you? 7 A. I do have Exhibit Number 50, yes. 8 Q. Okay. And this is the RiskMAP 9 update report we looked at before dated 10 May 22nd, 2008. 11 Can you turn to page 20 of that 12 exhibit? 13 A. Sure. 14 Q. You see under "Periodic Reports" 15 that Endo reports to the FDA that there were a 16 total of 306 adverse event reports submitted to 17 the agency since approval of the product, 18 correct? 19 A. Yes, that's correct. 20 Q. Endo then goes on to state in the 21 last sentence of that paragraph, "Post marketing 22 safety surveillance of Opana ER since launch has 23 not identified any new safety issues," correct? 24 A. That's what it says, yes.</p>

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<p style="text-align: right;">Page 670</p> <p>1 Q. Right. And then that was the 2 update report covering January 1st, 2008 to 3 March 31st, 2008. 4 Let's look at the next year. 5 (Document marked for 6 identification as Endo-Lortie Deposition 7 Exhibit No. 61.) 8 BY MS. SCULLION: 9 Q. Show you what's been marked as 10 Exhibit 61. 11 And Exhibit 61 for the record is 12 Bates stamped EPI000119179, and this is a 13 RiskMAP Update Report covering the period 14 January 1st, 2009 to March 31st, 2009. 15 If you could turn to page 16 of 16 this RiskMAP Update Report. And again looking 17 under "Post Marketing Surveillance," 6.1, do you 18 see the last sentence of that paragraph, Endo 19 once again reports "Post marketing surveillance 20 of Opana ER since launch has not identified any 21 new safety issues." 22 Did I read that correctly? 23 A. Let me just catch up to you here. 24 And that's in paragraph 6.1, correct.</p>	<p style="text-align: right;">Page 672</p> <p>1 in terms of the definition of them. 2 Q. It's the same sentence in every 3 report so far, right? 4 MR. LIMBACHER: Object to form. 5 THE WITNESS: I'm not sure. 6 (Document marked for 7 identification as Endo-Lortie Deposition 8 Exhibit No. 63.) 9 BY MS. SCULLION: 10 Q. So then let's go to the report 11 for the period January 1st, 2011 to March 31st, 12 2011. I hand you what's been marked as Exhibit 13 Number 63. 14 And that is Bates stamped 15 END00308793. 16 And, again, if you'll turn to 17 page 18, section "Post marketing Surveillance," 18 subsection 6.1, "Periodic Reports." 19 A. Can you just let me catch up to 20 where you are. 21 Q. Sure. 22 A. Okay, thank you. You said 18, 23 correct? 24 Q. Correct. Do you see paragraph</p>
<p style="text-align: right;">Page 671</p> <p>1 Q. Last sentence. 2 A. Periodic reports. 3 Yes, I believe you read that 4 accurately. 5 Q. And let's look now at the report 6 for January 1st, 2010 to March 31st, 2010. 7 (Document marked for 8 identification as Endo-Lortie Deposition 9 Exhibit No. 62.) 10 BY MS. SCULLION: 11 Q. It's Exhibit Number 62. 12 And it's Bates stamped 13 ENDO-OR-CID-00681354. And here again, if you'll 14 turn to page 15 of this RiskMAP update, bottom 15 of the page, "Post Marketing Surveillance, 16 Periodic Reports," and the paragraph carries 17 over to the top of the next page, page 16, and, 18 once again, at the end of that paragraph, Endo 19 reports "Postmarketing surveillance of Opana ER 20 since launch has not identified any new safety 21 issues," correct? 22 A. Yeah, I read that as any new 23 safety issues, in other words, any new safety 24 issues that have not been previously described</p>	<p style="text-align: right;">Page 673</p> <p>1 6.1 Periodic Reports? 2 A. I do. 3 Q. And, again, Endo reports to the 4 FDA "Postmarketing surveillance of Opana ER 5 since launch has not identified any new safety 6 issues." 7 That's what it says, right? 8 A. You read that correctly. 9 Q. Okay. And let's look at the 10 report for the last half of 2011. 11 (Document marked for 12 identification as Endo-Lortie Deposition 13 Exhibit No. 64.) 14 BY MS. SCULLION: 15 Q. Hand you what's been marked as 16 Exhibit Number 64. 17 And Exhibit 64 is Bates stamped 18 EPI000015268. 19 And if you'll turn in this 20 exhibit to page 18, I direct your attention 21 again to the section "Post Marketing 22 Surveillance," paragraph 6.1, "Periodic 23 Reports." 24 Are you with me?</p>

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<p style="text-align: right;">Page 674</p> <p>1 A. Yes, on the top of 18.</p> <p>2 Q. And, once again, for the period</p> <p>3 July 1st, 2011 to September 30th, 2011, Endo's</p> <p>4 reporting "Postmarketing surveillance of Opana</p> <p>5 ER since launch has not identified any new</p> <p>6 safety issues."</p> <p>7 Did I read that correctly?</p> <p>8 A. Yes, you did.</p> <p>9 Q. Now, as we saw earlier in your</p> <p>10 testimony, as of May 2011, the DEA for the</p> <p>11 Philadelphia area office had, in fact,</p> <p>12 identified that there was evidence of widespread</p> <p>13 abuse of Opana ER, correct?</p> <p>14 MR. LIMBACHER: Object to form,</p> <p>15 foundation.</p> <p>16 THE WITNESS: I'd be happy to</p> <p>17 look at that document again. We saw it</p> <p>18 a while ago.</p> <p>19 BY MS. SCULLION:</p> <p>20 Q. It's in the record.</p> <p>21 So now let's turn to the RiskMAP</p> <p>22 Update Report for the period October 1st, 2011</p> <p>23 to December 31st, 2011, and I'll note it's dated</p> <p>24 March 7th, 2012.</p>	<p style="text-align: right;">Page 676</p> <p>1 Do you see that?</p> <p>2 A. Yes, again, you read that</p> <p>3 correctly.</p> <p>4 Q. Okay. So Endo is acknowledging</p> <p>5 finally in this report that abuse and misuse of</p> <p>6 Opana ER is a problem, nonetheless Endo is</p> <p>7 saying there's no safety signal; is that</p> <p>8 correct?</p> <p>9 MR. LIMBACHER: Object to form,</p> <p>10 misstates the evidence.</p> <p>11 THE WITNESS: Well, you pointed</p> <p>12 me to a different spot. I'd be happy to</p> <p>13 go back and look at the other exhibits.</p> <p>14 We didn't look at the introduction, so I</p> <p>15 can't comment on the -- whether or not</p> <p>16 the comment about abuse and misuse of</p> <p>17 Opana and Opana ER continues to be a</p> <p>18 problem. I suspect it's in the</p> <p>19 introduction of the other documents as</p> <p>20 well.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. Well, if you look at the date for</p> <p>23 Exhibit 65, this is dated March 7th, 2012,</p> <p>24 correct?</p>
<p style="text-align: right;">Page 675</p> <p>1 (Document marked for</p> <p>2 identification as Endo-Lortie Deposition</p> <p>3 Exhibit No. 65.)</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. It's Exhibit 65.</p> <p>6 And Exhibit 65 is Bates stamped</p> <p>7 ENDO-OR-CID-01044118.</p> <p>8 A. Yes, I have that.</p> <p>9 Q. Okay. Now, if you'll go to page</p> <p>10 4 of this report, under the heading</p> <p>11 "Introduction," looking at the second paragraph,</p> <p>12 and Endo reports to the FDA, "Overall, during</p> <p>13 this period no safety signals have been</p> <p>14 identified and no patterns have diversion were</p> <p>15 observed in the supply chain."</p> <p>16 Did I read that correctly?</p> <p>17 MR. LIMBACHER: Object to form.</p> <p>18 THE WITNESS: That's -- you read</p> <p>19 the sentence accurately.</p> <p>20 BY MS. SCULLION:</p> <p>21 Q. Next sentence, "Based on the</p> <p>22 available data, no new trends were observed, but</p> <p>23 abuse and misuse of Opana and Opana ER continues</p> <p>24 to be a problem."</p>	<p style="text-align: right;">Page 677</p> <p>1 A. That's the date of the report,</p> <p>2 yes.</p> <p>3 Q. And as of that date, Endo now had</p> <p>4 FDA approval for its reformulated version of</p> <p>5 Opana ER, correct?</p> <p>6 A. Well, as of March 7th it did. Of</p> <p>7 course, the period is covering December 31st,</p> <p>8 the product had just received approval, but it</p> <p>9 was not yet marketed. In fact, in March of 2012</p> <p>10 it was not on the market.</p> <p>11 Q. But as of the date of the report,</p> <p>12 Endo had in hand now approval to launch a new</p> <p>13 product, correct?</p> <p>14 A. FDA approval was received in</p> <p>15 December of 2011, but there was some time to</p> <p>16 ensure manufacturing of adequate supply before</p> <p>17 it was put into the marketplace.</p> <p>18 Q. And the question is, though, as</p> <p>19 of the date of this report, Endo now had in hand</p> <p>20 FDA approval for a reformulated version of Opana</p> <p>21 ER, right?</p> <p>22 A. As of the time of the report it</p> <p>23 did, yes.</p> <p>24 Q. And Endo's intention was to</p>

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<p style="text-align: right;">Page 678</p> <p>1 substitute the reformulated version of Opana ER 2 for the original version, correct? 3 MR. LIMBACHER: Object to form 4 and foundation. 5 THE WITNESS: The plan was to 6 effect as smooth as possible a 7 transition between the original 8 formulation and new formulation, the key 9 objective being to ensure that patients 10 who were titrated to effect were not -- 11 didn't experience an interruption in 12 supply. We had some challenges doing 13 that but... 14 BY MS. SCULLION: 15 Q. But Endo intended at the end of 16 that to have the newly reformulated version of 17 Opana ER replace the old version, correct? 18 MR. LIMBACHER: Same objections. 19 THE WITNESS: The ultimate plan 20 was to have only the new version on the 21 market. 22 BY MS. SCULLION: 23 Q. Correct. 24 And, as we discussed before,</p>	<p style="text-align: right;">Page 680</p> <p>1 perspective, correct? 2 MR. LIMBACHER: Object to form 3 and outside the scope of the direct. 4 THE WITNESS: I understand that 5 is what eventually happened. That, of 6 course, happened after I left the 7 company, so I wasn't part of that 8 decision. 9 BY MS. SCULLION: 10 Q. So, overall, the original Opana 11 ER proved to be too unsafe because of abuse, and 12 the reformulated version of Opana ER likewise 13 proved to be too unsafe because of abuse, 14 correct? 15 MR. LIMBACHER: Objection, form 16 foundation and misstates the evidence. 17 THE WITNESS: Yeah, I don't think 18 I can agree with that, so I disagree. 19 MS. SCULLION: I have no further 20 questions. 21 THE VIDEOGRAPHER: That concludes 22 today's deposition. The time is 23 8:14 p.m. 24 (Brief recess.)</p>
<p style="text-align: right;">Page 679</p> <p>1 Endo's intent was to have that reformulated 2 version approved as an abuse deterrent 3 formulation, correct? 4 MR. LIMBACHER: Same objections. 5 THE WITNESS: That was the intent 6 and the objective, yes. 7 BY MS. SCULLION: 8 Q. Right, and the FDA never approved 9 the reformulated product as an abuse deterrent 10 formulation, correct? 11 MR. LIMBACHER: Object to form, 12 asked and answered. 13 THE WITNESS: Ultimately, after 14 much deliberation and submission of data 15 and negotiations and discussions, that's 16 correct, they have not yet or they never 17 did finally approve that language. 18 BY MS. SCULLION: 19 Q. And you're aware, are you not, 20 that after a number of years of selling the 21 reformulated product, Endo withdrew that product 22 after the FDA had determined that the abuse of 23 the reformulated product also showed that its 24 risks outweighed its benefits from a safety</p>	<p style="text-align: right;">Page 681</p> <p>1 (Deposition resumes at 8:15 p.m.) 2 MR. LIMBACHER: We have no 3 questions. 4 (Witness excused.) 5 --- 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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<p style="text-align: right;">Page 682</p> <p>1        C E R T I F I C A T I O N</p> <p>2            I, MARGARET M. REIHL, a</p> <p>3        Registered Professional Reporter,</p> <p>4        Certified Realtime Reporter, Certified</p> <p>5        Shorthand Reporter, Certified LiveNote</p> <p>6        Reporter and Notary Public, do hereby</p> <p>7        certify that the foregoing is a true and</p> <p>8        accurate transcript of the testimony as</p> <p>9        taken stenographically by and before me</p> <p>10       at the time, place, and on the date</p> <p>11       hereinbefore set forth.</p> <p>12            I DO FURTHER CERTIFY that I</p> <p>13        am neither a relative nor employee nor</p> <p>14        attorney nor counsel of any of the</p> <p>15        parties to this action, and that I am</p> <p>16        neither a relative nor employee of such</p> <p>17        attorney or counsel, and that I am not</p> <p>18        financially interested in the action.</p> <p>19</p> <p>20</p> <p>21        _____</p> <p>22        Margaret M. Reihl, RPR, CRR, CLR</p> <p>23        CSR #XI01497 Notary Public</p> <p>24</p>	<p style="text-align: right;">Page 684</p> <p>1            A C K N O W L E D G M E N T   O F   D E P O N E N T</p> <p>2</p> <p>3            I, BRIAN LORTIE, do hereby</p> <p>4        certify that I have read the foregoing</p> <p>5        pages, and that the same is a correct</p> <p>6        transcription of the answers given by me</p> <p>7        to the questions therein propounded,</p> <p>8        except for the corrections or changes in</p> <p>9        form or substance, if any, noted in the</p> <p>10       attached Errata Sheet.</p> <p>11</p> <p>12</p> <p>13</p> <p>14        _____</p> <p>15        BRIAN LORTIE                      DATE</p> <p>16</p> <p>17        Subscribed and sworn to before me this</p> <p>18        _____ day of _____, 2018.</p> <p>19        My commission expires: _____</p> <p>20        _____</p> <p>21        Notary Public</p> <p>22</p> <p>23</p> <p>24</p>
<p style="text-align: right;">Page 683</p> <p>1            - - - - -</p> <p>2            E R R A T A</p> <p>3            - - - - -</p> <p>4        P A G E   L I N E   C H A N G E</p> <p>5        _____</p> <p>6        REASON: _____</p> <p>7        _____</p> <p>8        REASON: _____</p> <p>9        _____</p> <p>10       REASON: _____</p> <p>11       _____</p> <p>12       REASON: _____</p> <p>13       _____</p> <p>14       REASON: _____</p> <p>15       _____</p> <p>16       REASON: _____</p> <p>17       _____</p> <p>18       REASON: _____</p> <p>19       _____</p> <p>20       REASON: _____</p> <p>21       _____</p> <p>22       REASON: _____</p> <p>23       _____</p> <p>24       REASON: _____</p>	

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